



City of Kerman
City Hall, 850 S. Madera Ave
Kerman, CA 93630
Phone: 559-550-2900

Recreation & Community Services
Physical Address: 720 S. 8th Street
Phone: 559-550-0962
Email: avillarreal@cityofkerman.org

January 31, 2025

Dear Vendor,

I am excited to announce that the City of Kerman is planning our 9th **Annual Almond Festival** and we hope you will consider being a vendor. This years' festival, to be held on **Saturday, May 3, 2025 from 11am to 3pm** at Kerckhoff Park, will celebrate local agricultural and the almond industry in Kerman and of the Central Valley. The event will include a benefit walk/run, food trucks, music, arts & crafts, car show and much more.

This will be a one-day event, which means you will have an excellent chance to reach many buyers. We are seeking crafters, nut growers, and flavored nut producers, produce growers, organic growers, farm stands, jewelry, packaged food, eat-on-site food and drinks, locally produced or hand-crafted goods.

We are accepting applications for the 9th Annual Almond Festival right now. We hope to sell out spaces early and need to get spaces assigned, so we recommend submitting your applications NOW. This year all food and arts & craft vendors will be required to complete the City of Kerman Special Event Permit Application for a Temporary Business Permit. The form has been included in the packet along with the Festival Vendor Application. Once Vendors are approved you will receive information on your set-up time. Once we sell out, the application process will be closed. We will be accepting applications thru April 18th.

Thank you for considering being a part of this great community event. If you would like additional information, please feel free to contact me at 559-550-0962 or avillarreal@cityofkerman.org. I look forward to working with you for this event.

Sincerely,

Avillarreal

Arlene Villarreal
Administrative Assistant
Parks, Recreation & Community Services Department



Kerman Almond Festival
Saturday, May 3, 2025
Setup 8:00 – 10:30am
Vendor Application
Deadline: Friday, April 18, 2024



You'd be Nuts to Miss It!

Business/Organization Name: _____
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____

Vendor Detail – Choose Appropriate Category & Describe Offerings

Arts & Crafts (10'x10' space) **\$55**
(Must complete City of Kerman Special Event Permit Application)

Food & Beverage (10'x10' space) **\$85**
(Must complete Fresno County Community Event Food Vendor application and City of Kerman Special Event Permit Application)

Informational/Educational (10'x10') **\$10**

Fee Waived for Almond Vendors

Offering: _____
Offering: _____
Offering: _____

I will require electricity: Yes No

I will require _____ 10' x 10' vendor space(s) at \$_____ each = Total Amount Due \$_____
Make checks payable to the City of Kerman.

Vendor Terms & Conditions

1. Food vendor space is limited to two (2) vendors per category. Vendor applications will be approved and assigned by the Kerman Almond Festival Committee. Vendor fee is non-refundable after application has been approved.
2. Certificate of Liability Insurance must be supplied by the vendor with City of Kerman as Additional Insured with limits of \$1,000,000 for Annual Kerman Almond Festival, an event at Kerckhoff Park on May 3, 2025.

WAIVER AND RELEASE OF CLAIMS

In consideration of you accepting my or my child's registration, I, the undersigned, hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue the City of Kerman, its officers, agents, employees, or volunteers for injury or damage resulting from, or in connection with, the condition of any facility, or the negligence, carelessness, or other acts, howsoever caused by the City of Kerman, its officers, agents, employees, or volunteers. I hereby waive and release the City of Kerman, its officers, agents, employees, or volunteers from all claims, losses, liabilities or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have, or may hereafter at any time have for injury or damage: (1) resulting from the condition of any improved facility which has been reasonably maintained; (2) resulting from the condition of any unimproved city facility; (3) suffered by me or my family members while participating in or traveling to and from the event or activity set forth above; or (4) suffered by me or my family members in any other activity related to the event or activity aforementioned. This release does not apply to willful or intentional acts of misconduct by City of Kerman, or any of its officers, agents, employees or volunteers. I understand that this agreement and release of liability is enforceable against me only, as parent or guardian of such minor, and that said agreement and release of liability may not be enforced against such minor. Therefore, in further consideration for permitting such minor to participate in the aforementioned activity, I agree to defend and indemnify the City of Kerman, its officers, agents, employees, and volunteers against any claim or lawsuit for injury, loss, or damage arising from or in any way connected with such minor's participation in the event including any injury, loss, or damage in connection with the condition of any facility or from the negligence, carelessness, or other acts of the City of Kerman, its officers, agents, employees, or volunteers, as well as from any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit. I agree that city staff, its agents or volunteers may photograph or videotape me and/or my minor children and that the city may use such photographs or videotapes to promote city programs and classes. I expressly allow, and hereby waive any objection to the city's photographing and/or videotaping of me and/or my minor children when I and/or minor children are participating in a city recreation program. I understand all photos and videotapes will remain in the property of the City of Kerman Recreation and Community Services department. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and agreement to defend and indemnify, and that it is a legally binding contract between the City of Kerman and me, and I sign it of my own free will.

SIGNATURE OF PARTICIPANT

DATE

Return Completed Vendor Application, Copy of Certificate of Liability Insurance, and Payment to:

City of Kerman, Attn. Arlene Villarreal, 720 S. 8th St., Kerman, CA 93630

Phone: (559) 550-0962

Email: avillarreal@cityofkerman.org



City of Kerman
850 S Madera Ave
Kerman, CA 93630
(559) 550-2900

2025 SPECIAL EVENT PERMIT APPLICATION

Company Name _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

ALL FEES ARE PAYABLE TO CITY OF KERMAN

EVENT NAME: _____

City of Kerman Special Event Permit Fee \$10.65 per day *Included in Fee

Public Dance w/o drinks or alcohol \$28.94 per day

Public Dance w/ drinks or alcohol \$37.26 per day

Carnival Rides/Games/Food & Beverage Stands (Harvest Festival) \$173.62 per day

Circus/Acrobat Performance \$72.18 per day

Circus-Jugglers/Magician/Rope Dancing/ \$20.63 per show

Merry go Round/Horses Ride \$28.94 per day

Concert Singers \$140.36 per day

Trained Animals \$42.25 per day

Astrologer/Fortune Teller/Spiritualist/Hypnotist \$88.81 per day

Current Kerman Business License-Application Only-No Fees

Non-Profit Organization Application Only-No Fees

Person to call in case of emergency _____

Phone _____

Describe item/service being sold _____

You are required to pay for a City of Kerman Temporary Business Permit unless you are a ***non-profit organization*** or current ***City of Kerman Business License holder***.



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

COMMUNITY EVENT FOOD VENDOR APPLICATION

Directions: Each food booth operator/vendor must complete and sign this Community Event Food Vendor Application and return it to the event organizer. The event organizer must submit all applications to this office at least 2 weeks prior to the event. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

BOOTH / SPACE #

Reinspection fees will be charged for multiple re-inspections due to uncorrected violations.

EVENT

1. NAME OF EVENT	2. LOCATION OF EVENT	
3. CITY	4. DATES OF OPERATION	5. HOURS OF OPERATION

VENDOR

6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH	7a. NUMBER OF FOOD BOOTHS		
7b. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT HAVE A CURRENT VEHICLE APPROVAL STICKER? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)	7c. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME		
8a. PERSON WITH FOOD SAFETY TRAINING	8b. FOOD SAFETY CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card	8c. DATE ISSUED	
9. CONTACT PERSON	10. MAILING ADDRESS	11. CITY	
12. STATE	13. ZIP	14. PHONE	15. FAX

MENU

16. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)
17. FOOD SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)
18. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT

UTENSIL SINKS

19 a. <input type="checkbox"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).	19 b. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.	19 c. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.
<p>IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU <u>DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK</u>.</p> <p>IF YOU <u>DID NOT</u> CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU <u>MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK</u>.</p>		
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK?		<input type="checkbox"/> YES <input type="checkbox"/> NO

UTENSILS INCLUDE SPATULAS, TONGS, SPOONS OR SCOOPS, PANS, TRAYS, PITCHERS, PROBE THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD .

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Promotion, preservation and protection of the community's health

1221 Fulton Street / P.O. Box 11867 / Fresno, California 93775 / Phone (559) 600-3357 / FAX (559) 600-7629

Email: EnvironmentalHealth@co.fresno.ca.us ♦ www.co.fresno.ca.us ♦ www.fcdph.org

Equal Employment Opportunity ♦ Affirmative Action ♦ Disabled Employer

COMMUNITY EVENT FOOD VENDOR APPLICATION
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UTENSIL SINKS (cont'd)	21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?		
	22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)			
1	2	3	
24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED. <input type="checkbox"/> TANK, GALLONS: _____ <input type="checkbox"/> MUNICIPAL WATER CONNECTION <input type="checkbox"/> OTHER: _____			
25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED.			
<input type="checkbox"/> WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS: _____ <input type="checkbox"/> MUNICIPAL SEWER <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> OTHER: _____			<div style="border: 1px solid black; padding: 5px; border-radius: 10px; width: fit-content; margin-left: 20px;"> BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS. </div>
26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?			
<input type="checkbox"/> YES Food preparation must be done in a retail or wholesale kitchen approved <u>by the county (Environmental Health office) or by the State government (CDPH, CDFA, etc.) or Federal government (USDA, FDA, etc.)</u> . The Commissary Authorization section below must be completed and signed by the <u>owner/operator of the approved kitchen</u> where food preparation will take place. <input type="checkbox"/> NO All food preparation will be done in the food booth at the event.			
TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.			
27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:			
28. BUSINESS NAME OF APPROVED KITCHEN		29. ADDRESS OF APPROVED KITCHEN	
30. CITY	31. STATE	32. ZIP	33. PHONE
34. OWNER/OPERATOR OF APPROVED KITCHEN	35a. PERMIT, LICENSE, OR REGISTRATION NUMBER:		35b. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.
36a. SIGNED	36b. PRINT NAME		37. DATE
<i>Food Facility Owner, Operator or Authorized Representative</i>			
IF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE APPROVED KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.			
38a. SIGNED	38b. PRINT NAME		39. DATE
<i>Environmental Health Specialist</i>			
40. COUNTY OF:			

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. **I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.**

41. SIGNED	42. DATE
<i>Food Booth Owner/Operator</i>	