



presents

### 9th Annual Santa Barbara Chowder Fest

Sunday, October 21, 2018, 1-4pm

The Santa Barbara Maritime Museum, 113 Harbor Way #190, Santa Barbara

### NON-COMPETITOR FOOD FORM

Business Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Food you will serve: \_\_\_\_\_

You will need to bring enough for 300 people, along with requisite serving tools: chafers/spoons/tongs, etc.

**NOTE: You will need to set up your table before the event (feel free to be as elaborate as you want) and take down your table after the event.**

**SETUP BEGINS AT 11:00AM. Doors open to the public at 1:00 p.m. Event ends at 4:00 p.m.**

#### SERVERS/VOLUNTEERS

You may have NO MORE THAN TWO servers representing your table. If you cannot staff your own table and need volunteers from Legal Aid to service your table, please check:  YES, we need Legal Aid to provide staff  NO, we will provide our own staff

THE S.B. CHOWDER FEST WILL PROVIDE:		
<b>CHOWDER PARTICIPANTS</b> • 1 Full 8ft. table (with linen) & 2 chairs • Cups & spoons to serve chowder samples • Oyster crackers	<b>WINERIES/BREWERIES</b> • 1/2 of an 8ft. table (with linen) & 2 chairs • Ice (please bring your own spit & ice buckets)	<b>OTHER PARTICIPANTS</b> • 1/2 of an 8ft. table (with linen) & 2 chairs

#### AUCTION ITEMS (bottles of wine, beer, gift certificates etc.)

We are donating (please describe): \_\_\_\_\_

Value of auction item: \_\_\_\_\_

### SETUP BEGINS AT 11:00AM

Please Email or Fax completed BOTH completed forms to:  
**tgeyer@lafsb.org** or **(805) 963-6756**

**THANK YOU FOR YOUR SUPPORT of the Legal Aid Foundation**

Legal Aid Foundation is a 501(c) nonprofit entity; tax id. 95-2112634.



**Request for Exemption from Regulation as a Food Facility**

Health and Safety Code Section 113789

Exemption from regulation as a food facility applies if you meet either of the following conditions. Please indicate the category you are applying for and check 5 the appropriate box below.

- Category 1.** A church, private club, or other nonprofit association that gives or sells food to its members and guests and not to the general public, at an event that occurs not more than three days in any 90 day period, OR  
 **Category 2.** A for-profit entity (permitted food facility) that gives or sells food at an event that occurs not more than three days in a 90-day period for the benefit of a nonprofit association, if the for-profit entity receives no monetary benefit, other than that resulting from recognition from participating in the event. Attach proof of nonprofit status (IRS 501(c)3 form).

**Date:** \_\_\_\_\_

1. Name of event: Santa Barbara Chowder Fest
2. Date (s) of event: Sunday, November 5, 2017
3. Location of event: The Santa Barbara Maritime Museum, 113 Harbor Way #190, Santa Barbara, CA 93109  
 Street Address City/Town Zip Code
4. Name of non-profit association for which the event is being held: Legal Aid Foundation of Santa Barbara County
5. Mailing address of non-profit association : 301 E. Canon Perdido Street Santa Barbara  
 Street Address City/Town  
805-963-6754 93101 95-2112634  
 Phone Zip Code Non-Profit Association Tax Number
6. Non-profit contact person: Molora Vadnais
7. Permitted Food Facility  
 \_\_\_\_\_  
 Name Name of Booth  
 \_\_\_\_\_  
 Name of Contact Person for Booth Phone/Cell  
 \_\_\_\_\_

**In order to be considered for exemption from Health Permit requirements, we certify the following:**

- All monetary profits generated (either through donations or sales) from the food booth operation will be given by the for-profit entity possessing a current Health Permit issued by the County of Santa Barbara Environmental Health Service, to the non-profit association for which the event is being held.
- The for-profit entity will receive no monetary benefit, except for recognition for participating in the event. It is understood this permit exemption is only applicable to an occasional event that occurs not more than 3 days in any 90-day period (Health and Safety Code, Section 113789).

\_\_\_\_\_  
**Officer of Non-Profit Signature**  
Molora Vadnais  
**Print Name**

\_\_\_\_\_  
**Date**  
805-963-6754  
**Phone/Cell #**

\_\_\_\_\_  
**Officer of For-Profit Signature**  
 \_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**  
 \_\_\_\_\_  
**Phone/Cell #**