



10th Annual Chowder Fest & Anniversary Celebration

Sunday, November 3, 2019 (1pm–4pm)

Santa Barbara Carriage & Western Art Museum • 129 Castillo St, Santa Barbara

NON-COMPETITOR FOOD FORM

Business Name: _____

Contact Person and Title: _____

Phone Number: _____ Email: _____

Address: _____

City _____ State _____ Zip _____

Food you will serve: _____

FOOD REQUIREMENTS

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

SETUP & JUDGING

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 at 4:00pm.

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

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

We are donating (please describe): _____

Value of auction item: _____

THE S.B. CHOWDER FEST WILL PROVIDE:

CHOWDER PARTICIPANTS

- 1 Full 8ft. table (with linen) & 2 chairs
- Cups & spoons to serve chowder samples
- Oyster crackers

WINERIES/BREWERIES

- 1/2 of an 8ft. table (with linen) & 2 chairs
- Ice (please bring your own spit & ice buckets)

OTHER PARTICIPANTS

- 1/2 of an 8ft. table (with linen) & 2 chairs

SETUP BEGINS AT 11:00AM • Doors open to the public at 1:00pm

Please email or fax 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 3, 2019

3. Location of event: Santa Barbara Carriage & Western Art Museum, 129 Castillo St, Santa Barbara, CA 93101
 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: Jennifer Smith

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
Jennifer Smith
Print Name

Date
805-963-6754
Phone/Cell #

Officer of For-Profit Signature

Print Name

Date

Phone/Cell #