



2024 Colorado Mountain Winefest Food Vendor Invitation

You are invited to join us for the **33rd Annual Colorado Mountain Winefest 'Festival in the Park'** to be held on **Saturday, September 21st, 2024** at Riverbend Park in Palisade from 10:30 a.m. to 5:00 p.m.

Calling all Food Trucks and mobile food vendors! Elevate your brand at the Colorado Mountain Winefest, where we're seeking top-tier food vendors to join our prestigious event. With over 5,500 attendees flocking from around the world, this is your chance to showcase your products to a diverse and engaged audience. Plus, by participating, you'll be supporting the Colorado Association for Viticulture & Enology, the only non-profit dedicated to advancing Colorado wine and grape growing industry. As the largest fundraiser for this vital organization, your presence makes a meaningful impact. Colorado Mountain Winefest offers an unparalleled opportunity to connect with an enthusiastic demographic passionate about wine, art, music, and food. Apply today to be part of this exclusive celebration of Colorado's vibrant wine scene!

This application is for food vendors only. If you are offering samples and/or selling pre-packaged foods please use the Artisan Vendor Application.

All prospective vendors must submit the following no later than April 26, 2024.

- Completed application with payment in full including all applicable fees
- Current photo of your food truck or booth set up
- Proposed menu with pricing
- Copies of all required permits, licenses and Certificate of Liability Insurance with CAVE/Colorado Mountain Winefest listed as Additional Insured are due at the CAVE office upon acceptance.

Incomplete applications will not be considered for acceptance regardless of previous participation.

All applications will be reviewed by the Winefest Committee. Vendor selections are based on unique or regional cuisine, quality of offerings and space availability. To achieve a variety of cuisines some menus may be limited. CAVE and the Event Coordinators reserve the right to refuse applicants.

Notification of acceptance status will be emailed by May 10th, 2024. All acceptance decisions are final.

Four staff members per booth are included in each booth fee. Up to two additional staff can be added for \$25 per person and must be paid in advance. You will be issued two parking passes per vendor and allowed only one trailer. **All staff must be 21 years of age or older to attend.**

Payment will be processed upon acceptance. Accepted vendors will receive final information packets covering set up, take down, parking and access near the end of August.

We look forward to receiving your application. If you have questions, please call us at 970-464-0111 or email us at info@coloradowinefest.com.

Thank you for your continued support,

The Colorado Winefest Committee and CAVE staff



2024 Colorado Mountain Winefest Food Vendor Application Form

Colorado Mountain Winefest 'Festival in the Park' is September 21st, 2024, at Riverbend Park in Palisade. **All applications are due by April 26, 2024.** This application is for food vendors only. If you are offering samples and/or selling pre-packaged foods please use the Artisan Vendor Application.

Please print clearly.

Contact Person: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Cell Phone: _____

Email: _____ Website: _____

Sales Tax number or Special Event Sales Tax number (required) _____

Your fee includes a direct link to your website from www.coloradowinefest.com.

Menu description: _____

_____ Photos of booth or truck enclosed **Required** _____

_____ Mesa County Health Dept. Temporary Event Food Service Approval Letter **Required** _____

_____ \$300 for a 10' X 10' Plated Food Vendor space = \$ _____

_____ \$400 for a 10' X 20' Plated Food Vendor space = \$ _____

_____ Optional Electricity 120 Volt = \$35.00 or 220 Volt = \$50.00 = \$ _____

(Electricity will only be made available to vendors on Saturday if paid with submission of this application)

_____ \$10 for a One Day Palisade Business License = \$ **10**

(Required of all businesses that do NOT have an annual Palisade Business License.)

TOTAL ENCLOSED = \$ _____

*******ALL fees are DUE with completed application*******

Incomplete applications will not be accepted.

(Certificate of Liability Insurance, applicable licenses and permits are due upon acceptance.)

Payment: Payable to CAVE (Check# _____)

Credit Card # _____ Exp. Date _____ Security Code# _____ Zip _____

Print Name (as it appears on the card) _____

Signature _____

Important Signature Page

Agreement:

- You are responsible for obtaining a Special Event Sales Tax license (DR0589) collecting sales tax of 7.27% and reporting it on CO Dept. of Revenue Special Event Retail Sales Tax Return (DR0098).
- Upon acceptance a Certificate of Liability Insurance listing CAVE/Colorado Mountain Winefest as Additional Insured will be provided.
- Packaged Food Vendors – You must have an original Colorado Retail Food Establishment License at your booth. Contact the Mesa County Health Department, (970) 248-6900 for licensing information.
- Security – Festival officials assume no responsibility for the security of items on display or personal items.
- Vendors are responsible for the delivery, handling, take down and removal of their display and personal items.
- Vendors must provide their own tent, tables, and chairs.
- Vendor vehicles are NOT permitted in the Festival area between 9:30 am and 5:30 pm on Saturday, September 21st for safety reasons. Vehicles left within the perimeter will be towed at the owner's expense.
- Upon vacating your booth space(s) you will ensure the space is free of trash and in good condition.
- No generators are permitted. A refrigerated truck will be provided for your use after 5:00 pm on Friday and all day on Saturday.
- All Winefest attendees *including staff* must be over 21 years of age. No one under the age of 21 will be permitted (*this includes infants in strollers or carriers*). IDs will be checked.
- Winefest **will not** be cancelled for inclement weather – so be prepared as Winefest is an outdoor event and held rain or shine.
- If you are selected and do not attend for any reason you will not receive a refund of your booth fee. There are no exceptions.
- This Agreement cannot be reassigned. Subletting all or part of the space is not permitted.

I agree to abide by the rules and regulations stated in this application and accept total responsibility for my booth space and property while attending the 33rd Annual Colorado Mountain Winefest. Further, I agree that photographs taken of me, my booth, products, and/or workers, may be used by Colorado Mountain Winefest and CAVE for promotional purposes.

Signature: _____ Date: _____

Return by mail to:

CAVE
P.O. Box 1556
Palisade, CO 81526

OR

Fax: (970)464-0999

OR

Email: info@coloradowinefest.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> CONTACT NAME: PHONE: FAX: (A/C, NR, EXT): E-MAIL: ADDRESS: </td> <td style="width: 50%;"> FAX: (A/C, No): </td> </tr> <tr> <td colspan="2" style="text-align: center;"> INSURER(S) AFFORDING COVERAGE </td> </tr> <tr> <td colspan="2"> INSURER A: </td> </tr> <tr> <td colspan="2"> INSURER B: </td> </tr> <tr> <td colspan="2"> INSURER C: </td> </tr> <tr> <td colspan="2"> INSURER D: </td> </tr> <tr> <td colspan="2"> INSURER E: </td> </tr> <tr> <td colspan="2"> INSURER F: </td> </tr> </table>	CONTACT NAME: PHONE: FAX: (A/C, NR, EXT): E-MAIL: ADDRESS:	FAX: (A/C, No):	INSURER(S) AFFORDING COVERAGE		INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL' SUBR INSR RYS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
A				02/28/2019	02/28/2020	MED EXP (Any one person) \$ 5,000
	GENL AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
AUTOMOBILE LIABILITY						
	ANY AUTO	<input type="checkbox"/>				PRODUCTS - COM/PROP AGG \$ 2,000,000
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				ANIMAL BAILLEE \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
UMBRELLA LIAB						
	EXCESS LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS \$
						OTH: ER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured-Vendors (CG 20 15 Ed, 04 13)

CERTIFICATE HOLDER **CANCELLATION**

CAVE 124 West 3rd St Palsade, CO 81528	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>[Signature]</i></p>
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