



MONACAN INDIAN NATION POWWOW
MAY 31- JUNE 1, 2025
225 LAUREL CLIFF ROAD
MONROE, VA

Food Vendor Contract and Permit Application

1. The booth fee will be **\$400.00** to be paid in full by May 31, 2025. Payment must be made in U.S. Currency by postal money order or cashier check. Remit payment to: the Monacan Nation Cultural Foundation. Vendors are reimbursed \$50.00 if the booth area is cleaned prior to leaving the powwow.
2. No food vendor shall be allowed to sell any item that is not listed on this contract/application. Vendors cannot increase food prices once they are posted.
3. NO bottle water, soft drinks, Gatorade, chips or snack products may be sold.
4. **GREASE SHALL BE DISPOSED OF IN A CONTAINER AND PLACED IN DUMPSTER. NO DUMPING GREASE BEHIND FOOD BOOTH**
5. All food vendors must purchase bagged ice from the Monacan Indian Nation - provided on powwow grounds.
6. The contracted and their staff hereby agree to hold the Monacan Indian Nation harmless from and against any loss, liability, damage or claim, including reasonable Attorney fees caused by or arising out of the service hereunder.
7. Food Handling gloves are MANDATORY, and you must have a hand washing station.
8. **(NO EXCEPTIONS) Return completed vendor application, permit forms along with a copy of their Certified Food Protection Manager (CFPM) certificate, and \$150.00 deposit by April 1, 2025.**
9. State of Virginia food service guidelines are enclosed for your information. Booths are inspected as per the guidelines.
10. Absolutely NO Alcoholic Products.
11. **Booths must be set up by Friday (5/30/25) evening.**
12. Any food vendor not abiding by the State Health standards will get one verbal warning. Any violations after receiving a verbal warning the food vendor will be asked to leave the property with no refund.
13. The Certificate holder must be present at the booth at all times during the event, and attend the Friday (May 30, 2025) all-vendors meeting at 4pm.

All food booths will receive 4 bands for their staff for the weekend.

We ask that you do not sell hotdogs - as this is a fundraiser for the Monacan Indian Nation.

☺ *Thank You*



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I HAVE READ AND AGREE TO THE CONTRACT RULES AND REGULATIONS OF THE MONACAN POWWOW AND HEREBY APPLY FOR BOOTH SPACE FOR MAY 31 – JUNE 1, 2025. I HEREBY AGREE TO HOLD THE MONACAN NATION AND ITS REPRESENTATIVES HARMLESS FROM AND AGAINST ANY LIABILITY, LOSS DAMAGE, OR CLAIM, INCLUDING DAMAGE TO PROPERTY FROM FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE AND INCLUDING PERSONAL INJURY TO MYSELF, MY EMPLOYEES, FAMILY, OR INVITEES, INCLUDING ATTORNEY’S FEES, CAUSED BY OR FROM THEIR OR MY APPEARANCE AT THE POWWOW.

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Tribal Affiliation:		
Signature:		
Food Allergies or Requirements:		

Please return contract to: Monacan Nation Cultural Foundation- Powwow
PO Box 1136, Monroe VA 24572

Contact Email: MINpowwow@gmail.com

Temporary Food Establishment Application

 <p>VDH VIRGINIA DEPARTMENT OF HEALTH <i>Protecting You and Your Environment</i></p>	<p>A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE EVENT.</p>	
<input type="checkbox"/> \$40.00	Temporary Food Establishment Application Fee	
<input type="checkbox"/> \$0.00	Temporary Food Establishment application fee for churches, fraternal, school and social organizations, and volunteer fire departments and rescue squads that are exempt under §35.1-25 and §35.1-26 of the <i>Code of Virginia</i>.	
<input type="checkbox"/> \$0.00	Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year.	
<input type="checkbox"/> \$0.00	Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____.	

<p><u>Event Information</u></p> <p>Event Name: _____</p> <p>Event Coordinator/Phone Number/Email Address: _____</p> <p>Event Location Address and Phone Number: _____</p> <p>Dates of Event: _____ To _____ Rain Dates: _____ To _____</p> <p><u>Vendor Information</u></p> <p>Vendor Business Name (include any trade, fictitious or "doing business as" names): _____</p> <p>Name of Owner: _____</p> <p>Booth Name (if different from vendor name): _____</p> <p>Vendor Address: _____</p> <p>Vendor Phone Number/Email Address: _____</p> <p>Onsite Person Name and Contact Email and Cell Phone: _____</p> <p>Set-up Date and Time: _____</p> <p>Dates of Operation: _____</p>	
<p>For Office Use Only</p>	<p>Approved by:</p>
<p>Signature:</p>	<p>Date:</p>

Temporary Food Establishment Construction

Overhead Covering	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
Floor:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Walls(if applicable):	<input type="checkbox"/> Screens	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:

Water Source <input type="checkbox"/> Permitted Waterworks/ Municipal Supply <input type="checkbox"/> Private Well Food Grade Hose Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater Disposal (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Disposal Method:
Utensils and Equipment (check all that apply): <input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi use kitchen utensils	Handwashing Facilities(provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator
Type of Utensil Washing Setup: <input type="checkbox"/> Three basin setup <input type="checkbox"/> Shared three compartment sink(if pre-approved) <input type="checkbox"/> Three compartment sink within a food establishment	Type of Handwashing Facilities <input type="checkbox"/> Self-contained portable unit(with potable water and wastewater holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <input type="checkbox"/> Gravity-fed water with spigot/bucket
Utensil sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Other: _____	<i>Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.</i>

Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:	Cooking Equipment: Identify all cooking equipment that will be used:
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Toilet Facilities for Food Employees: <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method(if not provided by the event):	Electrical Supply: <input type="checkbox"/> Refrigeration or Freezer available <input type="checkbox"/> Lighting available
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Food Transportation: Identify how food will be transported to events:	Refuse Removal(provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method(if not provided by the event):
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I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contain herein meets the Board of Health Food Regulations (Food Regulations) under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department. I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.

Applicant
 Name: _____ Signature: _____