

# COLUMBIA BACON AND BREWS

September 29th, 2018

Columbia Speedway



## FOOD VENDOR REGISTRATION FORM

**\*MUST INCLUDE AT LEAST ONE BACON ITEM WITH MENU \***

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*Please complete the form and check the appropriate boxes\***

**10x10 SPACE:** REGISTRATION FEE \$225

**15x15 SPACE or Food Truck (\_\_\_\_ ft):** REGISTRATION FEE \$250

Enclosed with a check made payable to: **Big Dog Events Company**

Attached with the completed credit card payment form

Registration form and payment may be:

**Mailed:** 235 Walton Street, Syracuse, NY 13202

**Emailed:** [Info@bigdogeventslc.com](mailto:Info@bigdogeventslc.com)

**Faxed:** 315-472-1888

Check if you need electricity.  
**\$25 surcharge will be added to fee.**

By checking this box and signing below, I understand that my payment is required with this completed registration form to reserve my space. Cancellations and outstanding balances after August 29, 2018 will result in forfeit of a first reservation and any fees paid. I also understand that space assignments are made on –first come – first served basis with regards to logistics. *If I am a food and beverage vendor, I understand that I must comply with SCDHEC requirements in Chapter 9-9 of Retail Food Establishments: Regulation 61-25.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Email or call Jordan at 315-471-9597 with any questions



# City of Cayce

## Local Hospitality Tax Reporting Form

Mail Forms and Payments to Hospitality Tax, 1800 12TH Street Ext. PO Box 2004, Cayce, SC 29171  
Direct questions to (803) 550-9559

D/B/A Business Name and Location

State Retail License No.

**Tax Period**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEI or SS No.

**Due on or Before**

\_\_\_\_\_

\_\_\_\_\_

### HOSPITALITY TAX COMPUTATION

1. Gross Sales: Prepared food and beverages	\$ _____
2. Hospitality Tax: Line 1 x 2% (.02)	\$ _____
3. Penalty on Delinquent returns: Line 2 x 5% (.05) x _____ number of months	\$ _____
<b>4. Total Hospitality Tax Due (Add Lines 2 and 3)</b>	<b>\$ _____</b>

**Enclose check made payable to the City of Cayce  
Include your state retail license number and the period covered on the check.**

Per City of Cayce ordinance, a 2% Local Hospitality Tax on the gross proceeds from the sale of prepared meals and beverages must be remitted to the City. The taxes are due on or before the twentieth (20th) of the month following the close of the period. Please sign and date the return.

*I hereby certify that all of the information state above is true and accurate to the best of my knowledge and belief.*

Signature: \_\_\_\_\_

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

Print Name & Title \_\_\_\_\_

Telephone: \_\_\_\_\_



## Cayce Department of Public Safety

Two Lavern Jumper Rd. Cayce, SC 29033  
Post Office Box 2004 Cayce, SC 29171  
Phone (803) 794-0456 Fax (803) 794-2393

*Inspiring Excellence*

Byron E. Snellgrove  
Director

# **CAYCE FIRE MARSHAL'S OFFICE** **SPECIAL EVENTS VENDOR APPLICATION**

APPLICANT NAME: (Print) _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____
APPLICANT PHONE NUMBERS: (BUSINESS) _____
(CELL): _____
Email: _____
EVENT NAME: <u>Columbia Bacon &amp; Brews Festival</u>
EVENT CONTACT NAME: <u>Jordan Prietti</u>
EVENT ADDRESS: <u>2001 Charleston Hwy, Cayce, SC 29033</u>
EVENT HOURS OF OPERATION: <u>12p - 6p</u> . EVENT DATES: <u>9/29/18</u>

### **Tents & Inflatables**

Number of Tent(s): \_\_\_\_\_ Do tent(s) have sidewalls? Yes / No

Any tent company erecting a tent over 401 square feet are required to obtain a permit at the City of Cayce Fire Marshal's Office.

Copy of the fire retardant certification is required for commercial cooking tents.

"All" Tents no matter the size must be secured down with heavy duty weights or by devices that have to be approved by this office. (8x8 Tailgate Tents – Assembly / Circus Tents Etc.)

All carnival inflatable devices (bouncy houses) etc. shall be secured down with approved devices.

No storage of Propane (LP) containers within the tent or canopy and within 10' feet of the tent or canopy. IFC3104.16.2 & 3104.16.2.1 All LP containers over 21 pounds shall be inspected by a LP Gas vendor prior to any event. All bleed off valves shall be pointed away from the tent(s). A receipt of the inspection shall be submitted to the fire marshal's office prior to the event. IFC 3104.16. & NFPA 58

For large assembly tents and membrane structures, the owner or agent shall submit all flame propagation performance treatment certifications to the fire marshal's office. IFC Section 3104

No Smoking signs shall be posted in and around all tents, canopies, membrane structures and at all entrances to the event. IFC 3104.6 & IFC 310.3

Vehicle storage is allowed for display purposes only if the battery is disconnected and there is less than 5 gallons of fuel. No fueling or defueling is allowed within the tent, canopy or membrane structure. IFC 3104.18

No parking near tents, membrane structures or mobile food vendors. IFC 313.1.1. or IFC 3100

### **Generators:**

Yes\_\_\_ No\_\_\_ Generators shall be at least 20" feet from any structure, tent, or canopy and not accessible to the public. All generators shall be roped off with caution tape or with safety barrier fencing with temporary fence poles to safe guard the public. IFC 3104.19

### **Food Truck & Trailers:**

**As of January 1, 2017**, All COMMERCIAL COOKING done inside a trailer or truck etc. shall be required to have a Type I (One) hood system along with a fire suppression system. All hazardous exhaust shall be vented to the outside. A Class K fire extinguisher and a 2A 10 BC fire extinguisher shall be visible and secured inside the trailer. The fire suppression system shall be inspected every 6 months and fire extinguishers shall be inspected annually. All documentation shall be submitted to the fire marshal's office prior to the event. NFPA 96-4.1.9

**Propane (LP) Gas Containers:** (Truck or Trailers) All LP containers, piping, valves and fittings shall be properly protected. All LP containers shall be securely fastened in place to prevent movement. All LP containers 21 pounds or larger shall be inspected by a certified Propane / LP Gas vendor prior to any event for their six year inspection. A receipt of the inspection shall be submitted to the fire marshal's office prior to the event. US DOT - 49CFRss, 180.205(d) and 180.209

### **Outdoor Vendors:**

Will there be cooking in the booths? Yes\_\_\_ No\_\_\_ Cooking areas shall be separated from other tents by 20 ft. Outdoor cooking that produces sparks or grease-laden vapors shall not be performed within 20 ft. of a tent(s).

All cooking areas, beer and alcohol sales and special hazards shall be roped off with safety barrier fencing with temporary fence poles to safe guard the public. IFC 3104.19

### **Medical / First Aid:**

If emergency medical service (EMS) is not provided, a first aid tent must be provided with staff trained in first aid along with an adequate first aid kit. The tent must be labeled with approved first aid sign(s). IFC 403.12.2

**Fireworks:**

All fireworks shoots shall be approved and have a permit from the South Carolina Fire Marshal's Office. Depending on the location of the fireworks display, the Cayce Fire Marshal's Division must determine if the site is safe and receive an approval from the Federal Aviation Administration. A Fire Marshal or Deputy Fire Marshal and a designated crew of firefighters shall standby prior to and after a fireworks display. A fee of \$42.50 per hour per personnel shall be paid two business days prior to the shoot.

**Event Stages:**

All event stages over 400 square feet with an erected stage canopy shall be approved by the fire marshal's office. Construction documents shall be submitted to this office 10 working days prior to the event for our review. All requirements are listed in the International Fire Code Section 3105. A qualified third party independent inspector shall be hired to conduct the inspection of the stage. The independent inspector shall furnish an inspection report to the fire marshal's office. Any discrepancies list on the report shall be corrected. A permit shall be obtained at the Cayce Fire Marshal's Office.

Depending on the location of the event and the proximity of the airport, stage lighting must be approved by this office and Federal Aviation Administration.

**Event Map / Site Plan:**

The Event Organizer / Coordinator shall provide an approved map / site plan of the proposed event. The plan shall consist of all the vendor locations, stages, first aid locations, carnival rides etc. The plan shall include access for first responder equipment. IFC 403.12.2

**E-mail: [tmueller@cityofcayce-sc.gov](mailto:tmueller@cityofcayce-sc.gov)**

**Office 803-550-9523 Fax 803-794-2393**

**CONDITIONALS OF APPROVAL**

All applications (if applicable) shall be submitted a **minimum 10 business days** in advance of the beginning date of the display or event. All applications are required to submit this form directly back to the Fire Marshal's Office by mail, fax or e-mail.

All vendors are required to be registered with the City of Cayce Business License Department. If not registered with the City of Cayce, please contact the business license department at 803-550-9559.

The Cayce Fire Marshal's Office has the right to deny any vendor to the event if they do not comply with all regulations set forth. The above requirements is not to be construed as a complete check of every item and does not prevent the Fire Marshal from hereafter requiring additional resources deemed necessary.

**I CERTIFY THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL REGULATIONS RELATED TO FIRE PREVENTION, AND THE INTERNATONAL FIRE CODE. I HEREBY AUTHORIZE REPRESENTATIVE OF FIRE PREVENTION TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.**

APPLICANT'S PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Big Dog Events LLC  
235 Walton St  
Syracuse, NY 13202

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

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Credit Card Billing Address \_\_\_\_\_  
\_\_\_\_\_

Card Type (Circle One): VISA MC AMEX DISC

Card Number: \_\_\_\_\_

3 (or 4 for AMEX) Digit Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Event(s): \_\_\_\_\_

No other charges will be authorized or made to the card without separate arrangements.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

