



Taste of Brea®
Thursday, May 26, 2022
5 PM – 9 PM
Brea Downtown

OFFICE USE ONLY	
Date Received _____	_____
Payment Amount _____	_____
<input type="checkbox"/> Copy of business license	

2022 Taste of Brea® Application

Choose the Box that represents your participation:

- Restaurant Sponsor
 Beverage Sponsor
 Exhibitor
 Non-Profit Exhibitor

Company Name: _____

Contact Name: _____ Contact Number: _____

Address: _____

Email: _____

Who will oversee your booth during the event? _____

Email: _____ Cell Phone: _____

If you are providing food or beverage, please indicate what you will be serving:

Please email a file copy of your business license, ABC license, and the most current company logo for advertising (high resolution) to events@breachamber.com

For restaurants, please list **ALL** onsite cooking equipment that you will bring for the event

- Barbeque Grill
 Gas Burners
 Food Warmers
 Other
 Smoker
 Oven
 Chafing Dishes

Make your selections below and calculate the total at the bottom. To receive the Chamber Member rate you must be a member in good standing.

Quantity	Description	Price per item	Total
	Restaurant- Chamber Member	\$0.00	
	Restaurant Non-Member	\$330.00	
	Brewery/ Winery	\$0.00	
	Exhibitor- Chamber Member	\$330.00	
	Exhibitor Non-Member	\$525.00	
	Exhibitor Non-Profit Chamber Member	\$220.00	
	Exhibitor Non-Profit Non-Member	\$350.00	
	Additional Wristbands	\$40.00	
	Electrical Outlet (110v)	\$40.00	
	Additional Tables	\$25.00	
	Additional Chairs	\$5.00	

Increase your visibility with a sponsorship.

Check	Sponsorship	Price
	Presenting Sponsor	\$7,500.00
	Delicious Sponsor	\$2500
	Foodie Sponsor	\$1500
	Savory Sponsor	\$600
Grand Total		\$

PLEASE CHECK THE BOXES THAT APPLY

- Each booth includes a 10x10 Canopy, please check this box if you will be using our canopy
- If you are bringing your own Branded 10x10 Canopy, please check this box
- Attached is a copy of my City of Brea business license **required*
- Attached is a copy of my Orange County Health Permit **required for all participants providing food/drink*
- Attached is a copy of my ABC license **required for all participants providing/serving alcohol*

*** If you are bringing your own Branded 10x10 Canopy please have it set up between 12 PM-3 PM, please note all tents must be set up by 3 PM. Please initial here for a complete understanding of the above. _____**

Grand Total	\$
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Method of payment:

Final payment is due by Tuesday April 26, 2022

Check payable to Brea Chamber of Commerce in the amount of \$_____ Check #_____

Visa MasterCard American Express Discover Request to be Invoiced

Card # _____ Exp Date _____ CSV _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

PAYMENTS

Payment in full must be submitted with the application. The payment deadline is on Tuesday, April 26, 2022. Please note The Brea Chamber adheres to a NON-REFUNDABLE policy for Taste of Brea®.

BOOTH SPACE

- Booth Space includes one (1) 8ft table and (2) chairs in a private canopy.
- The exhibitor will need to provide table linens, skirting, table decorations. Food vendors to provide plates, napkins, and utensils. Any additional equipment will not be provided on the day of the event.

RESTAURANT/BEVERAGE EXHIBITOR INFORMATION/REQUIREMENT

- Exhibitor agrees to provide servings for up to 2,500 people and to have enough servings from 5 PM – 9 PM.
- All persons serving or otherwise dispensing alcoholic beverages must be 21 years or older
- Brea Chamber will provide all ice, along with the (5) ounce plastic drinking cups to be used for those offering beer. Wine providers will be provided with (3) ounce plastic drinking glasses.

ELECTRICITY

- One (1) electrical outlet is available for a limited number of booths and is limited to 20 amps only.
- All extension cords used must be in safe working conditions as required by local fire code(s).
- No extension cords will be provided. There will be an extra \$40 fee if electricity is requested.

SET-UP AND TEAR DOWN

- Taste of Brea® will be held in Brea Downtown located at 330 W. Birch St. Brea, CA 92821, and is open to the public from 5 PM – 9 PM. Every exhibitor booth must be staffed and operational during the entire open hours of the event. Exhibitors will not be allowed to leave before the end of the event. Any Exhibitor that leaves early will be excluded from the Taste of Brea® the following year. Exhibitors can begin setting up booths as early as 1:00 PM, all booths must be completely set up by 4:30 PM and ready to serve the public promptly at 5 PM. There will be no early check-in. Carts, hand trucks, and dollies are not supplied by the Chamber and will not be available for exhibitor use for set-up and tear down. Exhibitors are responsible for unloading and setting up material on the day of the expo. Please note Jockey Boxes must be taken back to your facility to be cleaned and cannot be cleaned onsite.
- If you are providing your own branded canopy you must be sure that your canopy is weighted down.

Exhibitor agrees to provide taste-size servings of an item(s) from your menu for up to 2,500 people.

A “taste” is defined as a serving of approximately 3 ounces and/or small enough to be placed in one’s mouth whole in regards to food and 3oz for Wine and 5oz for beer.

OPERATION OF OPEN-AIR BARBEQUES

Exhibitors using any form of open-air barbeques are required to bring a tarp mat to cover the floor extending five feet on all open sides where cooking is conducted. The barbeque shall be in an area that suitably protects the food and equipment from dust, dirt, and overhead contamination. Barbeques area to be separated from public access by using ropes or other approved methods to prevent contamination of the food and injury to the public.

Restaurants must bring a “K” fire extinguishers per Brea Fire Department Code.

LIABILITY

Exhibitor agrees to indemnify, defend, and hold harmless from any liability that arises as a result of the operation of said booth. An exhibitor guarantees payment to the Brea Chamber of Commerce for the established replacement cost of unreturned and/or damaged rental items.

EXHIBITOR REQUIREMENTS

- Booths will be filled on a first-come, first-served basis. The exhibitor is required to operate throughout the entire event.
- Booth Exhibitor may sell items, however at no time during the event can food or beverage be sold. You **must** attach a copy of your City of Brea business license to the application form for approval consideration. If you do not have a City of Brea business license, a temporary license can be issued to you by the City of Brea. Please fill out the business license application on the next page. If you have a Brea City Licence please leave page 4 blank. You can reach out to the City of Brea directly if you have any questions by calling (714) 990-7686.



City of Brea

Business License Tax Application

• Business Licensing Division •
8839 N Cedar Ave #212, Fresno, California 93720
PH 714-886-6314 • FAX (909) 348-0465
Apply Online Today At: brea.hdlgov.com

OFFICIAL USE ONLY
Business License No.
Expiration Date
NAIC Code
Tax & Fees \$
Check # Credit Card

PLEASE TYPE OR PRINT WITH PEN

Business Name
Corporate Name
Business Location
Mailing Address
Phone No.
Description of Business
Ownership
Bus. Start Date
New Application
Change
Home Occupation
Email Address
State Sales Tax No.
Federal ID No.
State ID No.
State License No.
State License Type
Expire Date

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)
1st Owner Name
Home Address
2nd Owner Name
Home Address
Social Security No.
Driver's License No.
Other ID No.
Phone No.
Social Security No.
Driver's License No.
Other ID No.
Phone No.

- Have you filed a Fictitious Business Name Statement?
Is this application for a City or Chamber of Commerce Event?
Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:
Name
Address
Title
Phone No.
Cell Phone No.

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Business License Application Fees

CERTIFICATION AND ACKNOWLEDGEMENT
I declare under penalty of perjury that the statements made in this application are true.
SIGN HERE
Signature of Owner or Representative
Title
Date
Thank you for doing business in the City of Brea

No. of Employees #
Estimated First Year Gross Receipts \$

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public.

RETURN APPLICATION BY MAIL TO:
City of Brea - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832
SCAN & RETURN APPLICATION BY EMAIL TO:
brea@hdlgov.com

A Mandatory Meeting for all restaurant managers will take place a few weeks before the event.

All Restaurant Exhibitors are strongly encouraged to attend this meeting to learn more information about day-of-event set-up and tear-down. Exhibitors will be provided with an event information packet one week before the event. The packet will include information such as: booth number, maps, load in/setup, etc.

COMPLIMENTARY WRISTBANDS

The Brea Chamber will provide four (4) complimentary food/beverage wristbands to Restaurant/ Beverage Exhibitors and (2) wristbands to booth exhibitors. Additional wristbands may be purchased at the Chamber booth for \$50.00 or pre-sale for \$40.00. Exhibitors may pick up wristband’s day of the event at the Exhibitor Check-in booth located on the corner of Birch Street and Walnut. Wristbands will not be available for pick up before the event.

REGARDING COVID-19

Brea Chamber of Commerce is following the guidelines set by the county & state to make sure that our event is safe for those that participate /attend Taste of Brea. You agree that you have completed the following measures in accordance with requirements from the California Department of Public Health, Orange County Health Care Agency, and Industry-Specific Guidelines that can be found at <http://covid19.ca.gov/industry-guidance>.

- By participating in Taste of Brea, you voluntarily assume all risks related to exposure to COVID-19 and will not hold The Brea Chamber of Commerce liable.
- You agree that you have performed a detailed risk assessment and implemented a site-specific protection plan.
- Trained employees on how to limit the spread of COVID-19 including how to screen themselves for symptoms and stay home if they have them.
- Implemented individual control measures and screenings.
- Implemented disinfecting protocols for keeping workstations sanitized.
- Implemented physical distancing guidelines for the employee and public safety.
- Each participant is responsible for their own hand sanitizers, providing a clean & safe work area, and providing their volunteers with cloth face masks, if still required by the county.

Please initial for a complete understanding_____

By signing below, the exhibitor agrees to all terms and conditions of this contract.

Signature_____

Printed Name_____

Company Name_____

Date_____



DECLARATION OF FOR-PROFIT ENTITY

This declaration is to affirm that _____
(Name of for-profit entity)

is requesting exemption under the provision of Section 113789(c) of the California Retail Food Code, and will be giving or selling food at:

TASTE OF BREA®
Thursday, May 26, 2022
“Birch Street at Brea Blvd”
330 W. Birch Street
Brea 92821

For the benefit of the BREA CHAMBER OF COMMERCE.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief. I further certify that the above-named for-profit entity (retail, food facility) will not receive any monetary benefit, and will donate all proceeds to the nonprofit association organizing this event. The only benefit the for-profit entity will receive will be recognition for participating in the event.

Print Name _____

Company Name _____

Phone() _____ Email _____

Address _____

City _____ Zip Code _____

Signature _____ Title _____

Approved by: _____ Date: _____
(Environmental Health Specialist)