

Brewery Agreement Saturday, October 17, 2015

Please complete this form no later than September 18, and return via fax: (805) 962-9943 or email to: sbbeerfest@gmail.com

	Brewery Name _						
	Brewer or Contact Name Address City, State, Zip						
		Email					
		a Certificate of Insurance?					
		ou be providing?	•				
	Brewery	1.	2				
	Representatives	3	4				
Will s	for the Park will prov Display area and to Sampling Glasses Ice Lunch Logo or name on Sa	oe RBS, LEADS, or TIPS certified? vide your brewery with the followable for sampling with Barbara Beer Festival websi	wing:	_			
	very to provide: Your best beers for over 2,000 guests and a jockey box to pour from. (a minimum of 4 kegs (or 2 of each if pouring more than one) is usually sufficient. Appropriate Brewery promotional items to be given away Brewery Representatives to serve your beer, or let us know and we will provide volunteers. Signed 2015 Brewery Agreement, completed & signed "Request for Exemption" from SB County Public Health, and a Certificate of Insurance or signed Indemnification Certificate.						
		ent (2pages) has been read, und duress by the parties signed belo		ered into freely,			
	Brewer Sianatu	ıre		Date			

Brewery Agreement

- 1) Each Vendor will receive a confirmation letter upon receiving their application and a map and directions will be emailed prior to the event.
- 2) You can arrive at the park to begin set up as early as 8:30am, but please be sure to be set up and ready to go by 11:30am. Please stay open until last call at 3:45pm.
- 3) There will be a table on your right hand side when you enter the park. This is where you can check in, get your space assignment, wristband(s), tasting glasses and meal tickets.
- 4) All brewer reps MUST arrive and be accounted for no later than 12:30pm. We will not be letting any representatives in after this time.
- 5) Once you drop off your equipment, PLEASE move your vehicle to the parking lot at the top of the road.
- 6) Vehicles will not be allowed on the field. SBBF will provide assistance with kegs, cases and other equipment necessary to set up your booth.
- 7) Please bring a banner to put up at your booth. If you do not have one, and need us to provide a sign, we must be advised no later than Wednesday, September 30.
- 8) SBBF will provide an 8' table for display and area to pour from, sampling glasses, ice, lunch, and logo or name on www.sbbeerfestival.com
- 9) This is a rain or shine event, please dress accordingly.

The City of Santa Barbara, the SBBF and Elings Park have strict standards for these events and ask that you adhere to the following rules: These rules will be posted in each brewer tent.

- 1. Do NOT Pour for anyone with a PINK wristband, or NO wristband
- 2. Do NOT pour into any glass other than the Official SB Beer Festival Pints for the Park glass.
- 3. Do NOT pour for anyone who is visibly intoxicated. If you see someone visibly intoxicated, please alert a festival volunteer or security.
- 4. Please dump over-pours appropriately. Do not dump on field. Ask a volunteer to help.
- 5. Last call is 3:45pm. Please do not pour after that time, we could be fined!

The City does not allow you to drink in the brewer tent. If you want a beer, please get a volunteer to pour for you while you take a break outside of the tent and enjoy one of the many different beers. The police are watching this in particularly, so PLEASE comply.

What if we can't make it, but we want to donate?

If you live out of the area or just can't make it to the event, don't worry. We can work with your distributor and provide educated volunteers to help pour and let people know about your product.



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA. 93110 ♦ (805) 681-4900 2125 S. Centerpointe Pkwy., #333 □ Santa Maria, CA 93455-1340 ♦ (805) 346-8460

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 \(\mathbb{I} \) 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, <u>OR</u>

□ 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:]	15	1 -		7 11 77 1		
1.	Name of event: SantaBarbaraBeertestival - Pints For the FOR					
2.	Date (s) of event: Saturd	ay, October	-17,2015	A > 14 M		
3.	Location of event: 1998 L	as Postas R	H. Sovita Borbar	2 93105 Zip Code		
4.	Name of non-profit association for	which the event is being l	oeld: SBRugby Ass	<u> </u>		
5.	Mailing address of non-profit associ	ciation : PO Box Street Address	40277 Sant	a Barbara		
	805 450-1728	93140	48-127	2291		
	Phone	Zip Code	Non-Profit A	ssociation Tax Number		
6.	Non-profit contact person: Bo	onie Keino	th			
7.	Permitted Food Facility					
	Name	Address	Name of Booth			
	Name of Contact Person for Booth	E-Mail	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 ROBENT M. AIGGS TREASURA Phone/Cell # Phone/Cell #						
Officer of For-Profit Signature			Date			
Print	Name	november of the desire of the	Phone/Cell #	16-26 (Rev. 7/14/10)		