

# FOXBOROUGH BRIDAL EXPO SUNDAY - FEBRUARY 20, 2011

**LOCATION:** GILLETTE STADIUM, ONE PATRIOT PLACE, FOXBOROUGH, MA. 02035, DURING MOVE-IN & SHOW CONTACT CHARMAGNE "CHARLEE" HARRIS AT (860) 918-0891– CELL FOR ALL QUESTIONS OR CONCERNS. PRIOR TO MOVE IN CONTACT CHARMAGNE HARRIS AT (860) 918.0891

**HOURS:** **SET-UP:** SUNDAY, FEBRUARY 20 – 7AM – 10:30AM

**SHOW HOURS:** SUNDAY, FEBRUARY 20, - 11AM - 4PM

**MOVE OUT:** SUNDAY, FEBRUARY 20- 4PM - 6PM

**ALL DISPLAYS MUST BE REMOVED FROM GILLETTE STADIUM BY 6PM SUNDAY. NO EXCEPTIONS! PLEASE REMEMBER, DISTRIBUTION OF BROCHURES OR ANY OTHER MATERIALS IS NOT PERMITTED OUTSIDE A PAID EXHIBITOR BOOTH AREA.**

**PARKING:** PARKING IS FREE – ALL VENDORS MUST SUBMIT LICENSE PLATE/TAG INFORMATION.

**DISPLAY & DECORATING:** SPECIAL EVENT RENTALS, 35B HIGH ST., WORCESTER, MA 01605, 508-757-3397, FAX 508-757-9136. THEY WILL SEND YOU A KIT TO ORDER DISPLAY MATERIALS. CONTACT THEM WITH ANY DECORATING QUESTIONS. **DISPLAYS MAY NOT AFFIX TO VENUE WALL OR CEILING.**

**INCLUDED IN BOOTH COST:** CURTAINS, COMPANY I.D. SIGN, AND A LIST OF ALL BRIDES-TO-BE WHO ATTEND. **(ONE TABLE AND TWO CHAIRS ARE ONLY INCLUDED IF PRE-ORDERED FROM JENKS PRODUCTIONS (SEE FORM ATTACHED)!**

**ELECTRICITY IS NOT INCLUDED – SEE ATTACHED RATE SHEET.**

**Deadline – February 1, 2011**

**FOOD SAMPLING –HEALTH FORM MUST BE APPLIED FOR 30 DAYS PRIOR TO EVENT – SEE ATTACHED INFO –IF INSIDE 30 DAYS CALL PAULINE - PHONE #508-543-1207/FAX #508-543-6278 BOARD OF HEALTH WILL BE ON SITE AND WILL SHUT YOUR BOOTH DOWN WITHOUT PROPER DOCUMENTATION.**

## **BOOTH SET UP INSTRUCTIONS:**

**HAND CARRIED ITEMS:** USE THE E4 ENTRANCE FOR ALL HAND CARRIED ITEMS OR ITEMS THAT CAN BE BROUGHT IN BY 1 PERSON UTILIZING A SMALL HAND TRUCK OR DOLLY. FOLLOW THE ACCESS ROAD FROM RTE. 1, TAKE A RIGHT JUST **AFTER** THE SECURITY GUARD HOUSE WITH ELECTRONIC SIGN SAYING "VENDOR LOADIN E4". **SEE MAPS INCLUDED.**

**LARGE DISPLAY LOAD-IN:** FOR THOSE EXHIBITORS WHO NEED TO USE A LARGER HAND TRUCK OR DOLLY TO MOVE IN THEIR DISPLAY AND/OR HAVE EQUIPMENT THAT CANNOT BE HANDLED BY 1 PERSON , FOLLOW ACCESS ROAD FROM RTE. 1 TO SECURITY GUARD HOUSE WITH ELECTRIC SIGN SAYING "**LOADING DOCK**". ASK THE GUARD TO DIRECT YOU TO THE LOADING DOCK . ANYONE USING THE LOADING DOCK MUST PROVIDE YOUR VEHICLE LICENSE PLATE NUMBER AND VEHICLE TYPE TO CHARMAGNE AHEAD OF TIME. ESCALATORS WILL BE IN OPERATION ONLY DURING SHOW HOURS.

**PLEASE BE SURE YOU HAVE YOUR OWN DOLLY OR HAND TRUCK WITH YOU, AS THE STADIUM WILL NOT HAVE ANYTHING AVAILABLE TO ASSIST YOU.**

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**SECURITY:** MANAGEMENT WILL PROVIDE NECESSARY GUARDS FOR THE RUN OF THE EXPO. NEITHER MANAGEMENT NOR THE CENTER ARE RESPONSIBLE FOR LOSSES OF ANY KIND. SEE YOUR INSURANCE AGENT FOR OFF PREMISE INSURANCE. SMALL OR VALUABLE EXHIBIT MATERIALS SHOULD NOT BE LEFT IN YOUR BOOTH UNATTENDED.

**FIRE REGULATIONS:** PER THE FIRE CHIEF'S OFFICE, ALL FABRICS MUST BE FLAME RETARDANT, PREFERABLY COTTON. NO OPEN FLAMES ALLOWED INCLUDING HEATING DEVICES, CANDLES, STERNO ETC.

**ALL EXHIBITS MUST REMAIN UNTIL THE SCHEDULED MOVE OUT TIME OF 4:00PM.**  
**(PER EXHIBITOR REQUEST HOURS HAVE BEEN SHORTENED – IN RETURN WE EXPECT 100% COOPERATION – NO MOVE OUT UNTIL 4:00PM – CALL FOR DETAILS)**

**VIP GUEST PASSES:** EACH EXHIBITOR IS ALLOWED EIGHT (8) VIP GUEST PASSES, WHICH ARE ENCLOSED. THESE ARE TO BE USED AT YOUR DISCRETION FOR CLIENTS OR FAMILY, NOT FOR BOOTH PERSONNEL! EACH PASS IS GOOD FOR ONE ENTRY ONLY. TO PURCHASE ADDITIONAL PASSES, CONTACT JENKS PRODUCTIONS AT (860) 563-2111

**EXHIBITOR BADGES:** EACH EXHIBITOR IS ALLOWED SIX (6) BADGES PER EXHIBITOR, WHICH ARE GOOD FOR THE DURATION OF THE EXPO. PLEASE FILL OUT THE ATTACHED FORM LISTING THE NAMES OF THOSE WHO WILL NEED BADGES. THEY WILL BE AVAILABLE TO YOU IN THE SHOW OFFICE DURING SET UP HOURS.

**HOTELS:** OUR OFFICIAL OVERNIGHT HEADQUARTERS IS THE RENAISSANCE BOSTON HOTEL & SPA AT PATRIOT PLACE. 28 Patriot Place, Foxborough, MA 02035 Call 508-543-5500 and ask for the Jenks Production group rate (which is \$149 Must Reserve Room by January 29<sup>th</sup>, 2011 for Group Rate ).

Online room reservations are now just a click away!

Simply cut and paste any of the three links below and include with your electronic correspondence to facilitate the reservation process. Your guests will be directed to the property's home page with the code already entered in the appropriate field. All they need to do is enter their arrival date to begin the reservation process.

[Renaissance Boston Hotel & Spa at Patriot Place >>](#)

<http://www.marriott.com/hotels/travel/BOSPP?groupCode=CCHCCHA&app=resvlink&fromDate=2/13/10&toDate=2/14/10>





## Foxborough Bridal Expo

Pre-Order Vendor Box Lunch

Please place an (x) next to the menu selection you wish to order

Boxed Lunches consist of the following:

Pre-made deli sandwich with a choice:

<input type="checkbox"/> Ham	<input type="checkbox"/> Turkey	<input type="checkbox"/> Roast Beef	<input type="checkbox"/> Vegetarian

Potato Chips

Chefs choice of dessert

Soft Drink

Boxed Lunch Price: \$18 (Floor Price \$28)

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

Vendor Name: \_\_\_\_\_

Booth Number: \_\_\_\_\_

Payment Type: \_\_\_\_\_

*\*\* Please provide payment to Jenks Productions, Inc. attn: Charmagne Harris in order for your selections to be available the day of the show*

*\*\*\*All orders need to be in no later than **Tuesday, February 1, 2010***

**FOXBOROUGH BRIDAL EXPO FOOD SAMPLING PERMIT – 30 DAYS PRIOR TO EVENT  
HEALTH PERMIT - DEADLINE – JAN. 14, 2011 Must filled out in Full with CFO  
\*\*\*\*NO SAMPLING WITHOUT APPROVAL\*\*\*\*  
(INCLUDE COPY OF YOUR TOWN FOOD/HEALTH PERMIT)**

**FAX: ATTN – PAULINE - FAX #508-543-6278 PHONE #508-543-1207**

BHP- \_\_\_\_\_  
DATE REC'D \_\_\_\_\_  
CHECK# \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT APPLICATION**

***(Application must be submitted at least 30 days before the planned opening date)***

PLANNED OPENING DATE: \_\_\_\_\_ FEBRUARY 14, 2011

1.) Establishment Name:																			
2.) Establishment Address:																			
3.) Establishment Mailing Address (if different):																			
4.) Establishment Telephone No:																			
5.) Applicant Name & Title:																			
6.) Applicant Address:																			
7.) Applicant Telephone No:	24 Hour Emergency No:																		
8.) Owner Name & Title (if different from applicant):																			
9.) Owner Address (if different from applicant):																			
10.) Establishment Owned By:	11.) If a corporation or partnership, give name, title, and home address of officers or partner.																		
<input type="checkbox"/> An Association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	<table border="0"> <tr> <td><u>Name</u></td> <td><u>Title</u></td> <td><u>Home</u></td> </tr> <tr> <td><u>Address</u></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>	<u>Name</u>	<u>Title</u>	<u>Home</u>	<u>Address</u>			_____			_____			_____			_____		
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<u>Address</u>																			
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12.) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Mgr., etc.):																			
NAME & TITLE:																			
ADDRESS:																			
TELEPHONE NO:	FAX:																		
EMERGENCY TELEPHONE NO:																			
13.) District or Regional Supervisor (if applicable)																			
NAME & TITLE:																			
ADDRESS:																			
TELEPHONE NO:	FAX:																		
14.) Rubbish Disposal Company Name:	15.) Sewage Disposal Private or Public Water Source Private or Public																		

Address & Phone No:	
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16.) Days & Hours of Operations:	17.) No. of Food Employees:
18.) Name of Person In Charge Certified in Food Protection Management:	
<b>❑ ATTACH COPY OF CERTIFICATION</b>	
19.) Person Trained in Anti-Choking Procedures (If 25 Seats or More) <b>No. of Seats in Establishment:</b>	
Name:	Name:

**\*\*\*THIS APPLICATION MUST BE FILLED OUT COMPLETELY\*\*\***

20.) Location (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile ( <b>Attach list of all stops</b> )	22.) Establishment Type <input type="checkbox"/> Retail <input type="checkbox"/> Food Service <input type="checkbox"/> Food Service Institution  <hr/> <b>DESCRIPTION</b> of what you will be serving or selling:  <hr/>	22A) Check All That Apply) <input type="checkbox"/> Sale of Milk and Cream <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Frozen Dessert Manufacturer  <hr/> If your mobile site is at <b>Gillette Stadium</b> , please indicate your exact location.  <hr/>
21.) Length of Permit (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal Dates: _____ <input type="checkbox"/> Temporary Dates: _____		

**PERMIT FEES: PAYMENT IS DUE WITH APPLICATION.**

Food Service (0 – 100 seats)	\$50.00	Limited Retail	\$25.00	Bakery
\$50.00				
(restaurant) (100 – 500 seats)	\$100.00	Mobile, Canteen	\$50.00	
Residential Kitchen \$50.00				
(500 – 1000)	\$200.00	Temp. Food Serv.	\$50.00	Catering
\$50.00				
(OVER 1000)	\$500.00	Discount Food Store	\$50.00	
Supermarket \$100.00				
Limited Food Service	\$25.00	Retail Food Market	\$50.00	Frozen
Dessert \$5.00				

23.) Food Operations (time/temp. controls required.) (check all that apply) time/temps. Req.)  salads, muffins	Definitions: PHF – potentially hazardous food  Non-PHF's-non-potentially hazardous food(no  RTE – ready-to-eat foods (Ex.: sandwiches,  which need no further processing)
<input type="checkbox"/> Sale of Commercially	<input type="checkbox"/> PHF Cooked To Order
	<input type="checkbox"/> Hot PHF Cooked and

Pre-Packaged Non-PHF's		Cooled Or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale.	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin.
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale.	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service.
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food.	
<input type="checkbox"/> <b>PLEASE ENCLOSE YOUR MENU WITH THIS APPLICATION</b>	<input type="checkbox"/> <b>CONSUMER ADVISORY PROVIDED.</b>	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required by law.

24.) Social Security Number or Federal ID Number \_\_\_\_\_

25.) Signature of Individual or Corporate Name \_\_\_\_\_ Date \_\_\_\_\_

**RE-INSPECTION FEE FOR FOOD CODE VIOLATIONS \$50.00 LATE FEES WILL APPLY**

