

**OLD FALLS STREET
NIAGARA FALLS, NY**

**DATE AND TIMES AT
COREYMCOWAN.COM**



Complete informational packet is available online to outline all important event details

VENDOR CATEGORIES

FOOD/DRINK VENDORS	
Any vendor serving food to be consumed on site	250
NON-FOOD VENDORS	125
Any area services, products or specialty business	
NOT FOR PROFITS	75
Area organizations, clubs or charity groups	
FARMS	NC

A LA CARTE

HEALTH PERMIT **INC**

We will file and take care of your health permit fee

EVENT SEATING **INC**

The event will provide areas for patron seating

ACCESS TO WATER **INC**

Potable water will be available for you at the event

EVENT MARKETING **INC**

We will promote your business through our event marketing

ENTERTAINMENT **INC**

Musical entertainment will be provided for entire event

ELECTRICITY **50**

EVENT OVERVIEW

FOOD PORTIONS

All food items must be sold in sample sizes

FOOD PRICING

Food is purchased using tickets valued at \$1 each. Min \$2 | Max \$6

TICKET SYSTEM

Vendors may only accept tickets as compensation. Remit 5%

BEVERAGE POLICY

Vendors are only allowed to sell pre-approved specialty beverages.

VENDOR LOCATIONS

Early response guarantees location choice. First come, first serve. Layouts given at event check-in

DEADLINES

**BEFORE
EVENT**

EVENT APPLICATION

Application fee is due upon receiving your application **4
WEEKS**

MENU ITEMS

Needed for health permit and menu publications **4
WEEKS**

INSURANCE

Certificate naming three additional insured required **4
WEEKS**

LATE APPLICATIONS

Being sent after first due date will incur a \$25 late fee **2
WEEKS**

BUSINESS NAME -----
CONTACT NAME -----
ADDRESS -----
PHONE -----
EMAIL -----



**SEND APPLICATION WITH LISTED ITEMS TO 1879 WHITEHAVEN RD #400 OR
EMAIL TO COREY.MCGOWAN89@ICLOUD.COM**

EVENT FEE INSURANCE CERTIFICATES MENU LIST

PAYMENT METHOD(PLEASE SELECT ONE): **PROMO CODE:**

1. CARD NUMBER (4% FEE):
EXPIRATION DATE: ____ SEC CODE: ___ZIP: _____
2. CASH - MUST BE DELIVERED WITH APPLICATION
3. CHECK # MADE PAYABLE TO COREY MCGOWAN PRODUCTIONS:

VENDOR CATEGORY (PLEASE SELECT ONE):

RESTAURANT NON-FOOD VENDOR NOT FOR PROFIT
OTHER (DESCRIPTION) -----

AMENITIES (ELECTRICITY LIMITED; NOT GUARANTEED)

DO YOU NEED WATER? YES NO DO YOU NEED ELECTRICITY? YES NO

PLEASE LIST NEEDS FOR ELECTRICITY:

MENU CHOICES (3 MENU ITEMS MAX)

MANDATORY HEALTHY OPTION - CASH PRIZE (SEPARATE APP ATTACHED)

FOOD ITEM & DESCRIPTION	PRICE IN TICKETS
1. -----	-----
2. -----	-----
3. -----	-----

**I AGREE TO ABIDE BY THE GUIDELINES OF THE EVENT INFORMATIONAL
PACKET READ AT WWW.COREYMCOWAN.COM. I UNDERSTAND THAT ALL
PROMOTION OF MY ITEMS MUST TAKE PLACE WITHIN THE CONFINES OF MY
BOOTH. I FURTHER UNDERSTAND THAT COREY MCGOWAN
PRODUCTIONS AND ALL OF THEIR REPRESENTATIVES ARE NOT RESPONSIBLE
FOR OR LIABLE FOR DAMAGES INCLUDING, BUT NOT LIMITED TO, LOSS
SUFFERED BEFORE, DURING, OR AFTER EACH EVENT. I UNDERSTAND THAT
THERE ARE NO REFUNDS OR RAIN CHECKS DUE TO INCLEMENT WEATHER.**

PRINT NAME: -----

SIGNATURE: -----

GO HEALTHY *and* WIN at THE TASTE OF NIAGARA FALLS

The Independent Health Foundation is excited to bring the Healthy Options® program to this year's Taste of Niagara Falls! All participating restaurants and food trucks are required to serve one item as a "Healthy Option" and will have the **chance to win a \$500, \$250 or \$100 cash prize!**

Healthy Options was created to help our community make informed decisions about healthy eating. Being able to find our orange sticker around town means that someone can choose a heart-healthy option anywhere!

HOW DO I PARTICIPATE?

- 1. Pick an item you want to serve.**
- 2. Submit your recipe by August 10:** Online recipe forms are available on our website, www.healthyoptionsbuffalo.com, using our restaurant sign-up button. Or, you can complete the recipe form on the back side of this sheet.
- 3. Speak with our nutritionist:** Our Nutritionist team will reach out and work closely with you regarding any alterations/recommendations needed to meet our Healthy Options program criteria (also available online).
- 4. Receive Approval:** We will let you know if your Healthy Options item is approved. If it is not approved, we will work with you to designate a healthy option on your menu.
- 5. Promotion:** Once we approve your menu item it will be promoted for FREE on our website and will be eligible for the festival cash prizes!



RECIPES MUST BE SUBMITTED BY FRIDAY, AUGUST 10. Restaurants that do not submit by August 10 AND do not receive approval of their Healthy Option item will not be eligible for the cash prizes, and a \$50 fine may be imposed.

HOW DO I WIN?

A panel of judges and/or festival goers will have the opportunity to vote for their favorite-tasting Healthy Options menu item throughout the event. **The top three winners will receive a \$500, \$250 or \$100 cash prize**, as well as recognition on our website. Feel free to encourage festival goers to vote for your Healthy Option item by texting the designated number or visiting the Healthy Options tent to submit their ballot.

ARE THERE OTHER EVENTS I CAN PARTICIPATE IN?

We're glad you asked! By joining Healthy Options, you'll have the opportunity to participate in various events throughout the year and gain exposure for your restaurant on our website, through social media, and in other promotional materials that we use year-round.

Questions?

For more information, or to participate in the Healthy Options program, please contact the Independent Health Foundation at (716) 635-4959 or info@healthyoptionsbuffalo.com.





SKIP THE PAPER!

Visit healthyoptionsbuffalo.com and submit your recipe using our Restaurant Sign-Up button OR fill out this recipe form. **Deadline: August 10, 2018.**

Event Name: _____

Vendor Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Best Time to Reach Contact Person: _____

Recipe Name: _____

Number of Servings: _____ Portion Size per Serving: _____

(e.g., this serving is approximately 1/2 cup, or this is the dinner-sized portion)

Ingredient	Amount Used

Cooking Directions:

Return completed form by:
Fax: (716) 635-3984
Email: info@healthyoptionsbuffalo.com
Mail: Independent Health Foundation
511 Farber Lakes Drive
Buffalo, NY 14221

Questions?
We're here to help! Please contact the Independent Health Foundation at **(716) 635-4959**.

