

May 21, 2007

Dear Friend of Heritage Weekend:

The Hardy County Tour and Craft Association would like to thank you for your previous participation in Heritage Weekend. We also would like to take time to remind you that Heritage Weekend is scheduled for September 28-29-30, 2007, and we hope you will be part of the festivities with us again.

Enclosed you will find a copy of the 2007 contract to be completed by you and returned to us indicating your intention to participate this fall. Some information that you provide on this form will be used for publicity, so it is to your advantage to fill it out and return it as soon as possible.

We are also enclosing a food service permit application. The Hardy County Health Department requires that each food vendor have a temporary permit on file for Heritage Weekend.

Thank you again for your participation. We hope to hear from you by July 1, 2007. If you have any questions, please feel free to call me, Tammy Carr, at home 304-538-2066, cell phone 304-257-0190 or email macarr@frontiernet.net.

Sincerely,

Tammy Carr
Food Concession

HARDY COUNTY TOUR AND CRAFTS ASSOCIATION
AGREEMENT TO PROMOTE AND PARTICIPATE IN HERITAGE WEEKEND

This agreement is made between the Hardy County Tour and Crafts Association and any Exhibitor/Organization participating in Heritage Weekend.

In sponsoring Heritage Weekend, the Hardy County Tour and Crafts Association incur expenses that pertain to publicizing the Weekend and its events. These expenses are called promotional expenses and include, but are not limited to, publicity through newspapers, TV, radio, magazines, booklets, flyers, and brochures.

EXHIBITORS/PARTICIPANTS AGREEMENT TO PROMOTIONAL EXPENSES

Any exhibitor/organization participating in Heritage Weekend receives promotional assistance from the Association. For this promotion, every exhibitor/organization agrees to pay ten percent (10%) of their GROSS REVENUE to the Hardy County Tour and Crafts Association. At the close of Heritage Weekend an Association representative will be available at the Hardy County Library to accept payments. In any case, all payments owed to the Association are to be made within ten (10) days following Heritage Weekend.

AGREEMENT

I/we agree to pay ten percent (10%) of GROSS REVENUE to the Hardy County Tour and Crafts Association to meet promotional expenses of Heritage Weekend.

_____Signature
Exhibitor/Organization

_____ Date

In signing this Agreement, the Individual or Organization agrees to hold harmless the Hardy County Tour and Crafts Association from any/all liability as a result of participation in Heritage Weekend.

Return from to:
Hardy County Tour and Crafts Association
C/o Tammy Carr
104 Overlook Street
Moorefield, WV 26836

Hardy County Health Department
411 Spring Avenue, Suite 101
Moorefield, WV 26836
304-530-6355

Date: May 1, 2007

From: Hardy County Health Department

To: Retail Food Services

Subject: Food Service Permits for 2007

Please find enclosed an application for your temporary food permit. The application must be completed in its entirety and returned, with the permit fee, to the above address. The permit fee is \$12.50. Fees can be paid by check or money order to Hardy County Health Department. Cash payments will only be accepted at the Health Department in order that a receipt may be issued at that time.

As a reminder, all employees and volunteers **MUST** have a current food handler's card. The card must be with you. If you or your organization needs food school, please contact the Hardy County Health Department.

Thank you.

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT
HEALTH DEPARTMENT



FOOD ESTABLISHMENT: Name _____ Telephone _____

Mailing Address _____

Location _____ Hours of Operation _____

APPLICANT: Name _____ Age \$18? ___ Yes ___ No Telephone _____

Mailing Address _____

PERMIT HOLDER: Permit to be issued to: Applicant Other Legally Responsible Entity _____

OWNERSHIP: Individual Association Corporation Partnership Other Legal Entity

Persons comprising legal ownership (Owners, Officers, Local Resident Agent): Continue on reverse if necessary.

Names, Titles, Addresses: _____

PERSON DIRECTLY RESPONSIBLE FOR ESTABLISHMENT (MANAGER, PERSON-IN-CHARGE):

Name _____ Title _____ Telephone _____

Address _____

IMMEDIATE SUPERVISOR OF PERSON DIRECTLY RESPONSIBLE (ZONE, DISTRICT, REGIONAL SUPERVISOR):

Name _____ Title _____ Telephone _____

Address _____

TYPE ESTABLISHMENT: Mobile or Stationary Permanent or Temporary (# 14 days)

Restaurant (includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site)

Retail food store (grocery store, convenience store, meat market) p No. of Checkout Stations: _____

Retail food store specialty dept. (deli, bakery, seafood)

Institution (hospital, jail, school, child care center, adult care center, nursing home, personal care home)

Bar or Tavern Vending Food Bank

Meals/Services Provided: Breakfast Lunch Dinner Sit Down Take Out Delivery Mail Order

Seating Capacity = _____ Average number of meals served per day = _____

___ Yes ___ No Serve highly susceptible population? (preschool children or immunocompromised or older adults in a facility that provides health care or assisted living services - day care center; hospital; nursing home; personal care home)

TYPE OPERATION: Attach sample menu or list menu on reverse.

(PHF = potentially hazardous food; food that requires temperature control.)

No PHF Prepackaged non-PHF only or limited prep of non-PHF.

Limited 1 or 2 main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advance prep. for next day service. Raw ingredients require minimal assembly. Includes retail food stores (excluding specialty depts.)

Full Preparing PHF using 2 or more steps which may include cooking, cooling, reheating, hot and cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advance prep. for next day service. Includes retail food store specialty depts.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____

Signature of Applicant _____

FOR HEALTH DEPARTMENT USE ONLY			
Date Received: _____	Reviewed By _____	Permit Fee _____	_____
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____