MOSAIC Festival 2014
MOASAIC Festival 2014

A celebration of our city’s cultural diversity!

Garland Downtown Square
Saturday, November 1, 9 a.m. to 2 p.m.

Enjoy music, dance and food from around the world! This free event provides an opportunity to foster greater understanding, appreciation and respect for cultural diversity.

For food and drink vendors information contact
Marcie Adame, CMC, Mosaic Chair
972-612-4463 or coach_madame@yahoo.com
Dear Mosaic Festival Participant:

The Garland Community Multicultural Commission (CMC) is a 13 member board appointed by the City Council that serves as a liaison between the Garland City Council and its citizens. Appointed by the Garland City Council, the CMC advocates for Garland citizens through education, communication and strategic collaborations on behalf of the diverse cultural needs of the community.

A major event hosted by the CMC each year is the community Mosaic Festival. The goal of the Mosaic Festival is to promote and celebrate Garland’s cultural diversity and to encourage residents and visitors to connect with each other through the use of local and city resources. This year’s event will be held on November 1, 2014 at the Garland Downtown Square from 9 a.m. to 2 p.m.

We are contacting you to encourage you to “Save the Date” on your calendar and consider participating this year. This event draws hundreds of visitors from near and far showcasing Garland’s “Mosaic” cultural diversity and many ethnic groups. Your participation gives the community an opportunity to see who you are and what services you may provide as a presenter, entertainer, vendor, business, organization and/or volunteer.

We are hopeful you will consider joining us at the event this year and look forward to your participation. If you would like to receive additional information about the event, please contact me at the number or email below and we will forward the application and registration information that will assist in getting you involved. Thank you for your continued support and participation.

Sincerely,

Marcie Adame
Mosaic Festival Chair
couch_madame@yahoo.com
972-612-4463

Ed Moore
Mosaic Festival Co-Chair
emoore4264@aol.com
214-243-3053

Jennifer Nguyen
Community Multicultural Commission Chair
thomasng@verizon.net
214-274-4128
Vendor/Performance Form

Organization/Vendor Name

Contact Person

Phone        Fax        Email

Mailing Address

Booth Service Offered

Performance Group Name/Number of people in group

Equipment needed for performance (i.e. CD player, microphone, etc.)

Do you need electricity for booth? _____ (If yes, please bring an extension cord. Limited access.)

Please provide your own table, chairs and tent for booth space. If you are in need of a table and chairs you may get one for a $25 cost. How many tables and chairs will you need? ____ Table(s) ____ Chair(s)

Additional items needed? (We may not be able to provide all items requested.)

PERFORMANCES WILL BE RECORDED AND USED BY COMMUNITY MULTICULTURAL COMMISSION.

____ Yes, I want to be a food vendor. (Must secure a temporary food service permit from Garland Health Department at a cost of $25 by October 3, 2014. See attached guidelines and application.)

Signature ________________________________

Please mail or email this form by October 3, 2014.
You will be notified when your application has been accepted.

City of Garland
Community Multicultural Commission
200 N. Fifth Street
Garland, Texas 75040

For additional information contact
Marcie Adame, Mosaic Chair,
972-612-4463, coach_madame@yahoo.com
Ed Moore
214-243-3053, emoore4264@aol.com
TEMPORARY FOOD SERVICE PERMIT APPLICATION

Application must be completed in its entirety prior to permit issuance.

Name of Event: ____________________________________________

Dates of Event: From: ___ / ___ / ___ To: ___ / ___ / ___ Time of Operation: __________

Location of Event: ________________________________________

Name of Organization Conveying Food: _________________________

Food Truck [ ] No Food Truck [ ]

Responsible Person: ____________________________ Phone: __________
Responsible Person’s TX Driver’s License Number: __________
Home Address: ___________________________________________

<table>
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<tr>
<th>Food Items to be served: (Food/Drinks must be listed for authorization of sale)</th>
<th>Place of Preparation:</th>
<th>List Equipment to be used for maintaining temperature: (If needed)</th>
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If conveying foods other than: drinks, baked goods, candy, chips, ice cream, snow cones, fresh fruit and vegetables, or popcorn, applicant must complete the reverse side of this application.

Water Connection: Yes [ ] No [ ] Water Source __________________________

Sewer Connection: Yes [ ] No [ ] Describe wastewater disposal site and method of collection: __________________________

Describe handwashing facilities: _________________________________________

If setting up a food booth, please describe overhead, floor, and side protection:

Overhead Protection Used: _____________________________________________

Floor Covering Used: ________________________________________________

Side Protection Used: ________________________________________________

Describe utensil-washing facilities:

Describe location and type of toilet facilities: ____________________________

If mobile food vendor, list name and address of commissary: ________________

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