



Dear Downtown Business Owners,
The Escondido Downtown Business Association is excited to bring back...

For The Love of Chocolate **Escondido Chocolate Festival “A Tasting Affair”**

Saturday, February 10, 2024
12pm - 5pm

FACEBOOK: <https://fb.me/e/6wQbYJuUG>

TICKETS: <https://www.downtownescondido.com/esco-choc-fest>

For those of you who are not familiar with this exciting event, let us explain how it works...

Festival attendees purchase a “Passport Ticket” which includes: 1.) a tasting glass, 2.) a bag to fill with swag and marketing material provided by Sponsors and participating Grand Avenue Business Owners and 3.) a map indicating the businesses participating as Chocolate Festival “Tasting Locations”. Attendees obtain their passport at “Will Call” located on Maple Street Plaza, then stroll through beautiful Downtown Escondido, at their leisure, to each of the 20+ tasting locations to sample chocolate or a chocolate dish paired with either wine, beer or champagne. Attendees must drink any alcoholic beverages prior to leaving each location. The benefit to this is that they can meander through and get familiar with you and your business while enjoying their chocolate adventure.

Restaurant locations provide their own chocolate dish and non-alcoholic beverage.

Retail (non-restaurant) locations serve chocolate and wine, beer, champagne or spirit provided by the festival.

This event typically attracts 300-350 attendees with a demographic of age 25-65 from Escondido and neighboring cities. They are happy, chocolate eating, wine & beer-drinking, local business friendly, potential customers for you!

If you would like to participate, as a tasting location, in this fun event, please return the attached forms by 1/17/24. Don’t miss this fantastic opportunity to get hundreds of people into your business! We all know customers are more likely to return to a business once they’ve already been there.

We look forward to working with you to make Downtown Escondido a shopping, dining and entertainment destination. If you have any questions, please contact Christina MacLachlan at cmaclachlan1@gmail.com or by phone at (760) 470-9570 or Alex at amaclachlan1@gmail.com.

Sincerely,
Alex & Christina MacLachlan
Escondido Downtown Business Association



For The Love of Chocolate

Escondido Chocolate Festival

Saturday, February 10, 2024

12pm - 5pm

TASTING LOCATION APPLICATION

Application deadline: 1/17/24

Contact Name: _____

Business Name: _____

Phone: () _____ Email _____

Address: _____ Escondido, CA 92025

Operating Hours: _____

RESTAURANT LOCATIONS: (\$75)

YOU provide the following (*to serve approximately 300-350 attendees*):

- 1.) Chocolate themed item: _____
- 2.) Beverage served (non-alcoholic): _____
- 3.) Hand-washing Station (*Health Dept. requirement*)
- 4.) Security Staff /Volunteer to stand at door (*ABC requirement*)

RETAIL (Non-restaurant) LOCATIONS: (\$225)

WE the DBA/festival, provide you with:

- 1.) Chocolate
- 2.) Wine, beer, champagne or spirit pairing & daily ABC License

YOU provide:

- 1.) Hand-washing Station (*Health Dept. requirement*)
- 2.) 1 Security Staff /Volunteer to stand at door (*ABC requirement*)
- 3.) 1 Person to serve chocolate AND 1 Person to serve alcohol.

NOTE: Whoever serves the alcohol **MUST** attend a free 20 minute Serve Safe Class (approx. 10am at Maple Street Plaza) on event day to comply with ABC. Volunteers may be requested, on a first come first serve basis, but are not guaranteed and sometimes do not show up.

Please return this page along with payment checks payable to “Escondido Downtown Business Assoc.” to:

VIA EMAIL TO: cmacLachlan1@gmail.com

VIA MAIL TO:
Escondido Downtown Business Association
243 S. Escondido Blvd, Ste. 701, Escondido, CA 92025

OR HAND DELIVER TO:
Louisa Magoon at “The Grand Tea Room”
Tuesday – Saturday 11am-5pm

Escondido Downtown Business Association, a 501(c)6, 243 S. Escondido Blvd, Ste. 701, Escondido, CA 92025
Ph: (760) 207-6321 or (760) 470-9570

RETURN THIS PAGE WITH YOUR PAYMENT

Amount Received \$ _____ Check# _____ Date Credit Card Processed: _____ By: _____



Escondido Chocolate Festival Credit Card Authorization Form



I hereby authorize the Escondido Downtown Business Association (aka Escondido Chocolate Festival) to charge my credit card in the amount indicated below.

Description:	Price:	Quantity:	Subtotal:
Restaurant Tasting Location	\$ 75		
Retail/Non-restaurant Tasting Location	\$225		
TOTAL CHARGE:			

Card Type (circle one):      

Card Number: _____

Exp. Date: _____ 3-Digit Security Code: _____ Billing Zip Code: _____

Address where credit card bills are sent:

Printed name of cardholder, as it appears on card

X _____ Date
Authorized signature of cardholder

Escondido Downtown Business Association – Escondido Chocolate Festival
243 S. Escondido Blvd. #701, Escondido, CA 92025
Email: Alex@EscondidoTamaleFestival.org | Web: <http://downtownescondido.com/> | Ph: (760) 207-6321

Office Use Only:

CC Processed Date: _____ Amount \$ _____ By: _____ Receipt Sent: _____



County of San Diego
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 FOOD AND HOUSING DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (858) 505-6900 FAX (858) 505-6998



Declaration of For-Profit Food Vendor

This declaration is to affirm that _____
 (Name of for-profit food vendor)

is requesting exemption from the State Law requirement for Community Event Food Vendors under provision of Section 113789 (c)(4) of the California Health and Safety Code, and will be giving or selling food at:

Escondido Chocolate Festival
Grand Avenue, Downtown
Escondido, 92025

(City, Zip)

Date(s) of Event: 2/10/2024

For the Benefit of Escondido Downtown Business Association
 (Name of Sponsoring Non-Profit Association)

I certify that the above is true and correct to the best of my knowledge and belief. I further certify under penalty of perjury that the above named for-profit food vendor **will receive no monetary benefit** other than that resulting from recognition from participating in the event.

Name: _____ Phone: (____) _____
 (Please Print)

Address: _____

City: _____ Zip: _____

Driver's License or ID#: _____ Date of Birth: _____

 (Signature) Date: _____

Title: _____

DAILY LICENSE APPLICATION

Complete all applicable items. Submit this application to your local ABC District Office with the required fee payable to ABC. To determine fee(s) due, visit <https://www.abc.ca.gov/licensing/license-fees>. Once the daily license is issued, fees cannot be refunded. Listing of ABC District Office is available at <https://www.abc.ca.gov/contact/>. Please visit <https://www.abc.ca.gov/abc-221-instructions/> for further instructions.

ABC USE ONLY		
License #	Receipt #	Fee \$
Conditions Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagram Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
License Type <input type="checkbox"/> B & W <input type="checkbox"/> General <input type="checkbox"/> Special		

SECTION 1. ORGANIZATION AND LICENSE TYPE INFORMATION

Organization Name Escondido Downtown Business Association	Tax ID 330158183
Organization Mailing Address 243 S. Escondido Blvd, #701, Escondido, CA 92025	

LICENSE TYPE

<input type="checkbox"/> Special Daily Beer and Wine <input type="checkbox"/> Amateur Sports Organization <input type="checkbox"/> Charitable <input type="checkbox"/> Civic <input type="checkbox"/> Cultural <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Social <input type="checkbox"/> Other:	<input type="checkbox"/> Daily General <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Fraternal Organization in Existence over Five Years with Regular Membership <input type="checkbox"/> Religious Organization <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	<input type="checkbox"/> Special Temporary License <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Non-profit Corporation per Section 24045.4 and 24045.6 B&P <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P <input type="checkbox"/> Other Special Temporary License Per Section: License #: Amount:
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SECTION 2. EVENT DETAILS

Event Dates 02/10/2024	Total # of Days 1	Hours of Alcoholic Beverage Sales, Service and/or consumption 12:00pm To 5:00pm	Virtual Event <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Mark Yes, if the event is 100% virtual</i>
Event Address (Street #, name, and city) [REDACTED]		Event Location Description (Jones Park, Pavilion A, etc.) [REDACTED]	Location Within the City Limit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Event Type <input type="checkbox"/> Barbeque <input type="checkbox"/> Dinner <input type="checkbox"/> Sporting Event <input type="checkbox"/> Birthday <input checked="" type="checkbox"/> Festival <input type="checkbox"/> Social Gathering <input type="checkbox"/> Concert <input type="checkbox"/> Lunch <input type="checkbox"/> Wedding <input type="checkbox"/> Carnival <input type="checkbox"/> Mixer <input checked="" type="checkbox"/> Other: Tasting pairing <input type="checkbox"/> Dance <input type="checkbox"/> Picnic		Type of Entertainment Festival	Event Open to Public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Attendance 300		Security Guard If Yes, how many <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Event <input type="checkbox"/> Yes* <i>*If Yes, a diagram of the event area is required</i> <input checked="" type="checkbox"/> No

REQUIRED

By checking this box, you are certifying that you understand the requirements detailed in Business and Professions (B&P) Code Section 25682(c) which state that a nonprofit organization that has obtained a temporary daily license from the department must designate a person(s) to receive RBS training certification prior to the event, and that designated person(s) shall remain onsite for the duration of the event.

SECTION 3. CONTACT INFORMATION

Contact Person [REDACTED]	Phone Number [REDACTED]	Email Address [REDACTED]
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SECTION 4. SIGNATURES AND APPROVALS

I attest that I am authorized by the organization named above to make this application on its behalf.

Organization's Authorized Representative Name Alex MacLachlan	Phone Number 760-207-6321	Signature	Date Signed
Property Owner Approval By (Name) Required [REDACTED]	Phone Number [REDACTED]	Signature [REDACTED]	Date Signed [REDACTED]
Law Enforcement Approval By (Name), If applicable	Phone Number	Signature	Date Signed
District Office Approval By (Name)	Phone Number	ABC Employee Signature	Issuance Date

The above named organization is hereby licensed, pursuant to the California B&P Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the abovenamed location for the period authorized above. B&P Code Section 25682(c) requires that a designated RBS-trained person(s) shall remain on site for the duration of the event. Failure to comply with this requirement will result in immediate cancellation of the permit. **This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.**

CHECKLIST:

RETAIL/NON-RESTAURANTS:

- Tasting Location Application
- Credit Card Authorization
- Department of Alcoholic Beverage Control

DAILY LICENSE APPLICATION / AUTHORIZATION

- a. **Property Owner (not tenant) to complete green section of form.** *This is an approval for an ABC License to serve alcohol on the property for the duration of this one day event.*
- b. **Business owner to complete the yellow section of the form.**

- County of San Diego

DECLARATION OF FOR-PROFIT FOOD VENDOR

- a. **Business owner to complete the yellow section of the form.** *This simply states you are not selling the chocolate and will therefore receive no money for these tastings.*

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RESTAURANTS:

- Tasting Location Application
- Credit Card Authorization
- County of San Diego

DECLARATION OF FOR-PROFIT FOOD VENDOR

- a. **Business owner to complete the yellow section of the form.** *This simply states you are not selling the chocolate and will therefore receive no money for these tastings.*

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OPTIONAL FOR ALL:

RAFFLE PRIZE - I will donate a Raffle Prize and will bring to The Grand Tea Room by 2/1/23.

YES / NO If yes, Value \$_____ Description_____

SWAG - I will provide a flyer, coupon or swag item for event swag bags. I will keep the swag and distribute to attendees from my tasting table, on event day.

YES / NO If yes, please describe: _____

EVENT DAY SPECIAL – My business will offer an event day special. I will email details to cmaclachlan1@gmail.com by 2/1/24 to be included on the event map brochure.

YES / NO If yes, please describe: _____

BAG SPONSOR – about \$500 I want to learn how I can be the Event Bag Sponsor.

FULFILLED - THANK YOU DESIGN MOE KITCHEN & BATH!

TROLLEY SPONSOR (Banner) – \$1,200 I want to learn more about being a Trolley Sponsor. Act fast. Banner Space is limited!

FULFILLED - THANK YOU ESCONDIDO BAIL BONDS & DESIGN MOE KITHCHEN & BATH!