



Taste of HB

Sunday August 24, 2025-12- 4p.m.

HB Sports Complex

18100 Goldenwest St. Huntington Beach, Ca.92648

OFFICE USE ONLY

Date Received _____

Payment Amount _____

☐ Copy of business license

2025 Taste of HB® Vendor Application

Choose the Box that represents your participation:

☐ Restaurant
Sponsor

☐ Beverage
Sponsor

☐ Exhibitor

☐ Non-Profit Exhibitor

Company Name: _____

Contact Name: _____ Contact Number: _____

Address: _____

Email: _____

Who will oversee your booth during the event? _____

Email: _____ Cell Phone: _____

If you are providing food or beverage, please indicate what you will be serving:

If located in Huntington Beach, your business license #: _____

Please check the box below if you are bringing any or the following so we know where to place you at the venue.

☐ Barbeque Grill
☐ Smoker

☐ Gas Burners
☐ Oven

☐ Food Warmers
☐ Chafing Dishes

☐ Other /cart./Food truck

☐ Electricity Needed

Make your selections below and calculate the total at the bottom. To receive the Chamber Member rate you must be a member in good standing.

Quantity	Description	Price per item	Total
	Restaurant	\$0.00	
	Brewery/ Winery	\$0.00	
	Exhibitor- Chamber Member	\$150.00	
	Exhibitor Non-Member	\$325.00	
	Exhibitor Non-Profit Chamber Member	\$125.00	
	Exhibitor Non-Profit Non-Member	\$275.00	
	Additional Wristbands	\$45.00	
	Additional Tables	\$40.00	
	Additional Chairs	\$15.00	
Grand Total			

Increase your visibility with sponsorship.

Check	Sponsorship	Price
	Platinum Sponsor	\$5000–
	Tasting Glass, Plate or Event Bag Sponsor	\$3000
	Gold Sponsor	\$2750
	Silver Sponsor	\$1,750
	Bronze Sponsor	\$1,250
	Prestige Sponsor	\$750
	Chamber Partner	\$450
Grand Total		\$

PLEASE CHECK THE BOXES THAT APPLY FOR YOUR BOOTH

- ☐ If you are bringing your own Branded 10x10 Canopy, please check this box Attached is a copy of my
- ☐ City of Huntington Beach business license
- ☐ Attached is Health Dept Form -Declaration of For-Profit Entity-(Food Vendors) * required
- ☐ Electricity needed for our booth

* If you are bringing your own Branded 10x10 Canopy please have it set up between 8am-10 :30 AM, please note all tents must be set up by 10:30AM. Please initial here for a complete understanding. _____

Grand Total	\$
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Method of payment:

Final Payment is due by August 8, 2025

Check payable to :Huntington Beach Chamber of Commerce in the amount of \$_____ Check #_____

**Mailing Address :The Huntington Beach Chamber of Commerce
16787 Beach Blvd. #202 Huntington Beach Ca. 92647**

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Request to be Invoiced

Card # _____ Exp Date _____ CSV _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

PAYMENTS

**Full payment must be submitted with the application. No later than August 8, 2025
Please mail complete application to:**

HB Chamber of Commerce ,16787 Beach Blvd. #202, HB ,Ca. 92647

**or
E-mail completed application with credit card info to:
tfigarsky@hbcoc.com**

Please note :The Huntington Beach Chamber adheres to a NON-REFUNDABLE policy for Taste of HB

RESTAURANT/BEVERAGE EXHIBITOR INFORMATION/REQUIREMENT

- **Exhibitor agrees to provide servings for up to 1,000 people and to have enough servings from 11AM – 4 PM.**
- **All persons serving or otherwise dispensing alcoholic beverages must be 21 years or older**
- **HB Chamber will provide ice. You will have to provide your own water for chafing dishes.**
 - One (1) electrical outlet is available for a limited number of booths and is limited to 20 amps only.
 - All extension cords used must be in safe working conditions as required by local fire code(s).
- No extension cords will be provided. There will be an extra \$65 fee if electricity is requested.

SET-UP AND TEAR DOWN

- Taste of HB will be held at the HB Sports Complex located at 18100 Goldenwest Street Huntington Beach Ca, 92648, and is open to the public from 11 AM – 4 PM. Every exhibitor booth must be staffed and operational during the entire open hours of the event. Exhibitors will not be allowed to leave before the end of the event. Any Exhibitor that leaves early will be excluded from the Taste of HB the following year. Exhibitors can begin setting up booths as early as 8:00 AM, all booths must be completely set up by 10:30 AM and ready to serve the public promptly at 12 noon. There will be no early check-in. Carts, hand trucks, and dollies are not supplied by the Chamber and will not be available for exhibitor use for set-up and tear down. Exhibitors are responsible for unloading and setting up material on the day of the expo. Please note Jockey Boxes must be taken back to your facility to be cleaned and cannot be cleaned onsite.
- If you are providing your own branded canopy you must be sure that your canopy is weighted down with sandbags. Stakes are prohibited on the artificial turf.

Exhibitor agrees to provide taste-size servings of an item(s) from your menu for up to 1,000 people.

A “taste” is defined as a serving of approximately 3 ounces and/or small enough to be placed in one’s mouth whole in regard to food and 3oz for Wine and 5oz for beer.

OPERATION OF OPEN-AIR BARBEQUES

Exhibitors using any form of open-air barbeques are required to bring a tarp mat to cover the floor extending five feet on all open sides where cooking is conducted. The barbeque shall be in an area that suitably protects the food and equipment from dust, dirt, and overhead contamination. Barbeques area to be separated from public access by using ropes or other approved methods to prevent contamination of the food and injury to the public.

Restaurants must bring a “K” fire extinguishers per HB Fire Department Code.

LIABILITY

Exhibitor agrees to indemnify, defend, and hold harmless from any liability that arises as a result of the operation of said booth. An exhibitor guarantees payment to the Huntington Beach Chamber of Commerce for the established replacement cost of unreturned and/or damaged rental items.

EXHIBITOR REQUIREMENTS

- Booths will be filled on a first-come, first-served basis. The exhibitor is required to operate throughout the entire event.
- No selling of products, food or drink is allowed at the event per city of Huntington Beach.

BOOTH SPACE

- Booth Space includes one (1) 6ft table and (2) chairs
- The exhibitor will need to provide EZ -UP, table linens, skirting, table decorations. Any additional equipment will not be provided on day of the event. We will have a limited supply of plates, cups, utensils available.

Information packets will be emailed out to all Exhibitors 2 weeks before the event

The packet will include information such as: day-of-event ,space number, maps, load in/setup times, etc.

COMPLIMENTARY WRISTBANDS

The HB Chamber will provide 3 (3) complimentary food/beverage wristbands to Restaurant/ Beverage Exhibitors and (2) wristbands to booth exhibitors. Additional wristbands may be purchased at the Chamber booth for \$45. (Limit 2) Exhibitors may pick up wristband's day of the event at the Exhibitor Check-in booth . Wristbands will not be available for pick up before the event.

By signing below, the exhibitor agrees to all terms and conditions of this contract.

Signature_____

Printed Name_____

Company Name_____

Date_____



DECLARATION OF FOR-PROFIT ENTITY

This declaration is to affirm that _____

(Name of for-profit food facility)

is requesting exemption under provision of Section 113789(c) (4) of the California Retail Food Code, and will be giving or selling food at:

(Name of Event)

(Address or Location)

(City, Zip)

Date(s) of Event _____

For the benefit of _____

(Name of Sponsoring Nonprofit Association)

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief. I further certify that the above named for-profit entity (retail food facility) will not receive any monetary benefit and will donate all proceeds to the nonprofit association organizing this event. The only benefit the for-profit entity will receive will be recognition for participating in the event.

Name _____ Phone (____) _____
(Print)

Email _____

Facility Address _____ City _____

Signature _____ Title _____

Approved by: _____ Date _____
(Environmental Health Specialist)
