

Join us in Historic Lowell for the Chamber Chili Cook-Off!



SATURDAY, OCTOBER 12, 2024

Tasting & Judging from 1 - 4 PM | Downtown Lowell Riverwalk

PUBLIC PARTICIPANTS TO PROVIDE:

- \$20 Entry fee AND the required Health Department forms completely filled out
- 5 Gallon minimum of one type of chili
- Covered tent (weighted down), tables and chairs
- Name of Chili
- Minimum of 3 servers/volunteers
- Thermometers, paper towel, hairnets, plastic gloves, etc., as described in the enclosed "cooking instructions"

CHAMBER TO PROVIDE:

- Tasting cups, spoons, napkins, serving ladles

Wristbands will be sold to the public for \$10 at the Chamber office at 113 Riverwalk Plaza on:

Friday, October 11, from 9 AM - 3 PM

Saturday, October 12, from 11 AM - 1 PM

Maximum of 300 wristbands to be sold.

Deadline to Enter: Friday, September 27, 2024

By submitting this form, I acknowledge that I have read the Chili Cook-off requirements and Health Department "Cooking Instructions" as attached to this application. I agree to participate in the 2024 Chamber Chili Cook-Off and abide by the Health Inspector's instructions.

Business / Group / Individual Name to be listed on the ballot: _____

Name of Chili: _____

Electricity Needed? yes no

Contact Name: _____

Cell Phone: _____

Email: _____

Date: _____

Entry Fee to be Paid: \$20

Name as it appears on the card

Credit card number

Credit card billing address

Credit card security # (3 or 4 digit number on back)

Expiration Date

Visa MasterCard Discover

Email your completed application and credit card info to: info@lowellchamber.org

Or, mail your entry form and check to: LACC, PO Box 224, Lowell, MI 49331 | Questions? Call (616) 897-9161

Chili Cook Off 2024—Hosted by the Lowell Area Chamber of Commerce

As part of Lowell's Harvest Celebration, area restaurants, residents, organizations, and clubs are invited to join the Chili Cook-off. Participating restaurants will serve chili in front of their establishments and public participants will set-up along the Riverwalk in spots assigned by the Chamber. The Cook-off winner will receive bragging rights, a trophy to keep, and will be determined by popular vote. The Chamber reserves the right to add additional award categories and prizes at any time.

The Chamber will provide:

- Contest tasting cups, spoons, napkins, and a serving ladle
- Health Department coordination and licensing fees
- Sanitizing station for utensils
- Electricity as needed. *We urge participants to use gas burners and grills when possible, as these methods have proven to be the best method to maintain your temperatures.*
- Music, live or recorded

Public participants must provide:

- Entry Fee of \$20
- 5 Gallons of chili – Cooked, held, and served according to health department standards. Additional toppings may NOT be added to Chili.
- 1-2 volunteers to cook and serve, and at least 1 volunteer to check wristbands and ballot cards
- Chamber application and required documentation from the Health Department to be returned to the Chamber by Friday, September 27, 2024.
- Tables, chairs, and a covered tent with weights (10x10, must be WEIGHTED down, no stakes)
- Small handwashing station in your tent area
- Thermometers, paper towel, hairnets, plastic gloves, etc., as described below in the “cooking instructions”

Public participants (excludes restaurants) must set-up in their designated space by 8:30 AM for the Health Department inspection. Cooking will begin at 10 AM and tasting/judging to start at 1 PM. No food prep or cooking before 10 AM. If the Health Department determines that your set-up, preparation, or final product is not fit to serve, you will be excused from the Cook-off.

We will have an optional, 30-minute meeting for Cook-off participants to review guidelines and ask your questions, on Monday, September 30, 2024, at 6 PM.

Public Cooking Instructions per Kent County Health Department

- Each participant must maintain a clean and orderly area
- Hair must be restrained – cap, scarf, hairnet, etc., and outer clothing shall be clean and maintained
- No smoking, eating, or drinking is to be done during food preparation. Tasting may be done during this time but only with a single use disposable spoon.
- Hand washing supplies must be available – soap and warm water with paper towels, or wet ones. Wash thoroughly before food preparation. Protective gloves **MUST** be worn for food handling.
- Clean and sanitized cooking utensils in good condition must be used. No porcelain or enamel coated containers. Cutting boards must be hard maple or approved plastic free from deep cuts or cracks. All work surfaces must be cleaned and sprayed with sanitizer solution. (Food safe sanitizing wipes are acceptable for surfaces but not utensils/equipment/containers.)
- Paper towels to wipe up spills.
- Unnecessary people are not permitted in food prep area.
- Food must be stored off the ground in clean covered containers.
- All food products must be purchased from a commercial source. Meats must be purchased from licensed, inspected outlets (grocery stores, licensed meat markets, etc.). No privately slaughtered wild game. No home canned or home processed foods of any kind.

All food must be prepped and cooked on-site.

- Fresh vegetables must be washed before use and prepped on-site.
- Meat and Dairy products must be transported and stored at a temperature of 41° F or below.
- Meat shall be cooked to a minimum internal temperature of 155°F for ground meat, 165°F for poultry, 145°F for other proteins. Hold Chili at 135°F or above until served. Use a metal stem food thermometer to check food temperatures.

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: _____
 Main Contact: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Cell Phone: _____ Fax : _____
 Alternative Contact: Name: _____ Phone: _____

PUBLIC EVENT INFORMATION: Name of Public Event: _____

Food Service Start Date: ____/____/____ Serving Start Time: _____ AM/PM
 Ending Date: ____/____/____ End Time: _____ AM/PM
 When will food preparation begin? Date: ____/____/____ Starting Time: _____ AM/PM
 Event Location (Name & Address): _____
 Event Coordinator Name: _____ Phone: _____

If Applicable, Non Profit Tax ID #: _____

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print) _____
 Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: _____

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- | | | |
|---|---|--|
| <p>A Hand Wash Station</p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p> | <p>B Cooking/Reheating Equipment</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p> | <p>C Cold/Hot Holding Equipment</p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p>D Floor/Overhead Protection*</p> <p><input type="checkbox"/> Food is prepared & served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable
Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p>E Cleaning/Sanitizing</p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p>F Other</p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)
Municipal/City Water Well Bottled</p> |

*If extensive food handling occurs, it must be done in a fully enclosed space.

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No *1	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling? *2	N Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:

Notes: _____ Amount Paid: _____ Receipt Number: _____