



**TOWN OF WELFLEET**  
**REQUEST FOR PROPOSALS**  
**CONCESSIONS SERVICES**  
**FOR**  
**WHITE CREST BEACH**

**Announcement**

The Town of Wellfleet is accepting bid proposals for food lessees at White Crest Beach for the contracted season of June 1 through November 1, 2015. The Town is seeking a lessee who will pay a lump sum concession fee for exclusive access to sell food products.

**Proposals will be accepted at the Assistant Town Administrator Office 300 Main Street, Wellfleet, MA 02667 until Friday, May 1st at 2:00 p.m., at which time they will be publicly open and read.**

**The Town reserves the right to waive any informalities, to reject any or all bids and to act at all times in the best interest of the Town.**

**Specifications**

1. Minimum concession fee is \$2,000 per beach.
2. The concession vehicle must meet the State Sanitary Code Chapter X Minimum Standards for Food Establishments, 105 CMR 590.009 Mobile Food Units and Pushcarts and be legally road worthy. Towed concession vehicles are permitted.
3. The Concession Unit must meet all local requirements including but not limited to those of the Board of Health. The lessee will need to complete a Beach Concession Food Permit Application and a separate Food Service Establishment Application. (Attached).
4. The Concession Unit shall be large enough to meet the demand of the area that it intends to serve but in no case shall be larger than area described in property description.
5. Lessee may vend only in the area outlined in the property description and not in any other areas of the Town.
6. Regarding electricity, water and management of wastewater. Lessee shall be allowed to connect to the Town of Wellfleet electric service at Lessees expense. Lessee shall supply their own water for their operations. Lessee shall not be permitted to use water from the Town buildings. Lessee shall provide an executed contract with a lawfully permitted septic hauler to service the Lessee's equipment for the duration of the contract. All wastewater generated by operations of the Lessee shall be disposed of at a legally permitted waste disposal site.

7. One parking space (in addition to the lessee location described above in “Property Description” shall be available to Lessee or his/her designated employee. Access to parking space for Lessee and concession unit shall be held open until 10:00a.m. After that time access will be dependent upon current parking situation.
8. Lessee **shall have service available** on all fair weather days during the contracted season (June 1 through September 7, 2015) from the hours of 10:00a.m. to 4:00p.m. The Town Director of Community Services (or designee) shall be called if there is a question about whether it is a “fair weather day.” The Town’s determination is final.
9. Lessee shall have access from (September 8 through November 1, 2015) from the hours of 10:00a.m. to 4:00p.m and **may have service available** on all fair weather days at the Lessees option.
10. The concession vehicle shall be removed at the end of the day.
11. Lessee shall not sublet the concession without the prior written approval of the Town, which may be withheld at the town’s sole discretion.
12. All lessees must operate from a fixed food establishment.
13. All lessee vehicles are subject to inspection by local officials.

### **Property Description**

1. White Crest Beach: 15’ x 20’ (300 sq. ft.) area, east parking lot, west side, south of entrance.

### **Terms & Conditions**

#### **Exclusive Use**

The selected lessee shall have exclusive use of the designated location for the sale of the food items during the period specified contracted season.

#### **Contract Term and Renewal**

Contract period shall be for one year. The Town, at it option, shall have the right to renew this contract annually for up to two additional years at the same bid price. In determining whether to exercise said extension at the same price for an additional year the Town will consider the performance of the lessee during the prior year. Payment of the concession fee by the lessee shall be made within ten (10) calendar days of the notice of renewal.

#### **Insurance Requirements**

At all times during the terms of the contract Lessee shall carry Concessionaire’s Liability/Products Liability Insurance in the amount of \$1,000,000 and Workers Compensation Insurance in the amount of \$500,000. Evidence of the insurance policies, with the town of Wellfleet listed as an additional insured, shall be provided to the Town within ten (10) days of notification of contract award.

#### **Permit/License Requirements**

Lessee must obtain all necessary permits and licenses from the Town of Wellfleet prior to the starting date of the contracted season.

**Concession Payment**

The concession payment, in full, shall be made within ten (10) days of notification of bid acceptance by certified check or money order only.

**Cancellation**

The Town of Wellfleet shall have the right to cancel the lease at any time for reasonable cause including non-compliance with any of the terms and conditions. In the event of cancellation by the Town of Wellfleet the lessee shall forfeit the concession payment.

**Submittal Requirements (Submissions shall be submitted in a sealed envelope labeled “White Crest Beach Concession.” The following documents must be included in the bid submission. Failure to provide these documents shall deem the application non-responsive and the submission will not be considered.)**

1. Bid Pricing Sheet
2. Completed and signed Wellfleet Board of Health & Business Application(s)
3. List of References for past five (5) years
4. Completed and signed Acknowledgement of Principal Form
5. Statement of Tax Compliance
6. Certificate of Non-Collusion

# TOWN OF WELLFLEET

300 MAIN STREET WELLFLEET MASSACHUSETTS 02667  
Tel (508) 349-0300 Fax (508) 349-0305  
www.wellfleetma.org

## Project: White Crest Town Landing Bid Pricing Sheet

In accordance with the Scope of Services described in the bid specifications for the above project I bid the following price(s).

1. Bid price \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Person (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
email address

\_\_\_\_\_  
Name of Company/Corporation/Partnership

\_\_\_\_\_  
Address (# Street or PO Box

\_\_\_\_\_  
telephone #

\_\_\_\_\_  
Town/State/Zip Code

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## Project: White Crest Town Landing Statement of State Tax Compliance

Description of Bid/Proposal \_\_\_\_\_

Date of Bid \_\_\_\_\_

Pursuant to Chapter 323 of the Acts of 1983, Section 49A, I,

\_\_\_\_\_ authorized signatory for

\_\_\_\_\_, whose

principal place of business is

\_\_\_\_\_ do hereby certify under

the pains of perjury that \_\_\_\_\_ has complied with all laws of

the Commonwealth relating to taxes.

\_\_\_\_\_  
Name of Person Signing Bid/Proposal

\_\_\_\_\_  
SSN or FID #

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date

**This form must be included with the bid/proposal.**

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## Project: White Crest Town Landing Certificate of Non-Collusion

Description of Bid/Proposal \_\_\_\_\_

Date of Bid \_\_\_\_\_

The undersigned certifies under penalties of perjury that the above bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.

\_\_\_\_\_  
Name of Person Signing Bid/Proposal

\_\_\_\_\_  
Name of Business

**This form must be included with the bid/proposal.**

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## Project: White Crest Town Landing Acknowledgement of Principal

I \_\_\_\_\_ principal of

\_\_\_\_\_

holding the office of \_\_\_\_\_ with said

Company is hereby authorized to submit a bid/proposal on behalf of said Company for the White Crest Beach Concession bid/proposal to the Town of Wellfleet.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Name of Authorizing Person

\_\_\_\_\_  
Position/Office

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company/Corporation/Partnership

\_\_\_\_\_  
Address (# Street or PO Box

\_\_\_\_\_  
telephone #

\_\_\_\_\_  
Town/State/Zip Code

\_\_\_\_\_  
email address

**This form must be included with the bid/proposal.**

Required Food Establishment Permit to be completed and submitted with Bid Application.

APPLICATION FOR FOOD SERVICE ESTABLISHMENTS 2015  
APPLICATION MUST BE FILLED OUT COMPLETELY

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Business Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home Tel. \_\_\_\_\_ E-Mail \_\_\_\_\_

Manager's Name \_\_\_\_\_ Home Address \_\_\_\_\_

If Corporation or Partnership, give name, title and home address of officers or partners.

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_

Establishment is open \_\_\_\_\_ months a year. Total seating capacity \_\_\_\_\_ Take-out service only? \_\_\_\_\_

Name of Certified Food Handler (s) \_\_\_\_\_ P.I.C. \_\_\_\_\_

Does establishment have outside seating? NO Seating Capacity \_\_\_\_\_ is area enclosed? \_\_\_\_\_ Capacity \_\_\_\_\_

If seating capacity are over 25, person Choke saver Certified \_\_\_\_\_

Applications for all licenses/permits required by the Board of Selectmen have been filed for the year 2014

yes x no \_\_\_\_\_

**PLEASE CHECK PERMIT (S) YOU ARE APPLYING FOR:**

- |   |  |
|---|--|
| <input type="checkbox"/> Temporary Food Service | <input type="checkbox"/> Caterer             |
| <input type="checkbox"/> Retail Food            | <input type="checkbox"/> Food Service        |
| <input type="checkbox"/> Mobile Unit            | <input type="checkbox"/> Residential Kitchen |
| <input type="checkbox"/> Bed & Breakfast        |  |

**FOR FOOD SERVICE ESTABLISHMENTS:** Are you compliant with the new Food Allergen Requirements: yes x no \_\_\_\_\_ I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\* Signature of Individual or Corporate Name (mandatory) \_\_\_\_\_ By: Corporate Officer (mandatory, if applicable) \_\_\_\_\_

\*\*Social Security/ Federal Identification Number. \_\_\_\_\_ **(MANDATORY)**

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Federal Identification Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C Section 49A.

\_\_\_\_\_  
Health Agent \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ By (initials) \_\_\_\_\_ Fee \_\_\_\_\_ Date Issued \_\_\_\_\_

Required Business Application to be completed and submitted with Bid Application.

BUSINESS PERMIT APPLICATION 2015  
APPLICATION MUST BE FILLED OUT COMPLETELY

	Fee
	\$25.00
BOH Fee	\$100.00
Processing Fee	\$20.00
<b>TOTAL</b>	<b>\$145.00</b>

Business Name/Map/Lot \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Federal ID Number (**Mandatory**) \_\_\_\_\_

Manager \_\_\_\_\_ E-Mail Address \_\_\_\_\_

1. Applicant is (a) an:
2. If applicant is an individual or partnership please answer below:

### **Applicant #1**

a. Tel. No. \_\_\_\_\_

b. Name \_\_\_\_\_

c. Street Address \_\_\_\_\_

d. Mailing Address \_\_\_\_\_

### **Applicant #2**

a. Tel. No. \_\_\_\_\_

b. Name \_\_\_\_\_

c. Street Address \_\_\_\_\_

d. Mailing Address \_\_\_\_\_

3. If applicant is a corporation or trust please answer below:  
List the titles of all officers and manager: Include a separate sheet if necessary.
- | Title | Full Name | Home Address |
|-------|-----------|--------------|
|       |           |              |
|       |           |              |

4. Corporate or Trust Name \_\_\_\_\_

Corporate Mailing Address \_\_\_\_\_

Corporate Tel. No. \_\_\_\_\_

5. Anticipated Opening Date: Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_

6. Fully describe type of business conducted (i.e. retail, restaurant, food, gallery): \_\_\_\_\_  
\_\_\_\_\_

7. Seating Capacity \_\_\_\_\_ Hours of Operation \_\_\_\_\_

8. Special conditions or Restrictions required by Zoning Board of Appeals, Board of Selectmen or Board of Health. Please attach copies:  
\_\_\_\_\_

9. Fully describe premises to be licensed including number of rooms and square footage: \_\_\_\_\_

10. Has any person in this application ever had his/her license revoked or cancelled? \_\_\_ If yes, state for each name the date and reasons why the license was revoked or cancelled: \_\_\_\_\_  
\_\_\_\_\_

11. I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes under law. I further certify that in the conduct of this business I will abide by all Town bylaws and regulations.

\_\_\_\_\_  
\*Signature of Individual or Signature of  
Corporate Officer w/Title (Mandatory)

\_\_\_\_\_  
Corporate Name (Mandatory if Applicable)

\_\_\_\_\_  
Federal Identification No. **MANDATORY**

\_\_\_\_\_  
Date of Application

\*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the MA Dept. of Revenue to determine if you have met tax filing or payment obligations. (This is required by the state.) Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. c. 62C s. 49A.

FOR OFFICE USE ONLY  
Department Head or Designee Signatures

Police Dept. _____	Date _____	Comment _____
Fire Dept. _____	Date _____	Comment _____
Tax Collector _____	Date _____	Comment _____
Bldg Inspector _____	Date _____	Comment _____
Bd. Of Health _____	Date _____	Comment _____
Date Received _____	Fee Received _____	By (initials) _____ Date Issued _____