



# LOCAL FOOD CONCESSIONAIRE BOOTH APPLICATION

## APRIL 17th, 18th & 19th, 2026

(Application Deadline January 15th, 2026)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Each booth space is (space only - no equipment, power or water supplied by MWR):**

**THIS IS A ONE TIME FEE, NOT FOR EACH DAY AND CONCESSIONAIRE WILL KEEP ALL THE PROFITS.**

**Fee: \$1200 for standard food truck/trailer** \$ \_\_\_\_\_

**Fee: \$600 for single 5' x 5' cart (selling one item only)** \$ \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_

**List of equipment you will be using (No additional equipment may be added once submitted):**

Return this entire form, food menu, completed 889 form, certificate of insurance, pictures of your booth set-up and signed rules and regulations to:

**MWR Food Concessionaire**  
601 Nimitz Ave  
Naval Air Station  
Kingsville, TX 78363  
Email: [WingsOverSouthTexasAirShow@us.navy.mil](mailto:WingsOverSouthTexasAirShow@us.navy.mil)

**Make Check Payable to:**  
MWR Fund



NAS Kingsville is pleased to announce the Wings Over South Texas Air show on April 17th , 18th and 19th, 2026. This year NAS Kingsville will provide the opportunity for everyone to enjoy a world class Air Show and visit NAS Kingsville. The last Air Show to be hosted by NAS Kingsville was in 2022, so we are excited to have it back on the base! The Friday show will be open to those with base access only. The Saturday and Sunday show will be open to the public. We would like to invite you to be a food Concessionaire at our 2026 Wings Over South Texas Air Show. Selling your items will be optional on Friday, April 17th. We do require that you sell your goods on Saturday, April 18th, and Sunday April 19th.

The Wings Over South Texas Air Show is one of Kingsville's largest events attracting over 80,000 spectators with an unbelievable line up of aerobatic performers along with the U.S. Navy's Blue Angels. Proceeds from the Air Show benefits Morale, Welfare & Recreation (MWR) at NAS Kingsville, a non-profit organization, which provides recreational activities and other quality of life support services for our military personnel and their families.

Hours of Air Show Operation (hours subject to change): please indicate if you will be selling on Friday by with checkbox below

Friday, April 17th, 2026  (check here if you will be selling this day) 10:00 am - 4:00 pm (gates open at 9:00 am; Air Show starts at 11:00 am)

Saturday, April 18th, 2026 10:00 am - 4:00 pm (gates open at 9:00 am; Air Show starts at 11:00 am)

Sunday, April 19th, 2026 10:00 am- 4:00 pm (gates open at 9:00 am; Air Show stars at 11:00 am)

#### **Forms Needed with Application:**

889 Form

Certificate of Insurance with MWR NAS Kingsville listed as Certificate Holder

You must furnish a completed 889 form. Section 889 is part of the 2019 National Defense Authorization Act (NDAA). Section 889 prohibits the federal government from procuring covered equipment, systems or services from certain China-based companies and also prohibits the government from procuring from a business that uses such covered equipment or services. The legislation was passed to combat certain national security concerns that face the United States. The regulation contains two prohibitions: Part A (sell) and Part B (use). A Section 889 form is used to certify that a company (i) is not selling covered telecommunications equipment to the federal government, and (ii) does not use essential components of telecommunications equipment, products or services from the prohibited companies.

Temporary Food Permit (DD2970)

Food Employee Reporting Agreement (DD2971)

Each food vendor must apply for the required NAS Kingsville Preventive Medicine (Health Inspectors at NASK) Temporary food Permit (DD2970) and complete the Conditional Employee or Food Employee Reporting Agreement (DD2971). You are required to submit these forms back to our MWR Food Coordinator. You will need to make a copy of your approval permit and post it in your booth during Air show hours. All booths must abide by the NAS Kingsville Preventative Medicines rules and regulations at all times. For questions regarding these forms, please contact [WingsOverSouthTexasAirShow@us.navy.mil](mailto:WingsOverSouthTexasAirShow@us.navy.mil)

**Insurance:**

Furnish a Certificate of Insurance (COI)

Vendor (herein referred to as Contractor) shall, at their expense, procure and maintain, during the entire performance period of this contract, insurance of at least the kinds and minimum amount set forth herein.

The Certificate of Insurance (COI) must show NASK MWR as the Certificate Holder. The address of the Certificate Holder is:  
601 Nimitz Ave Bldg 3766  
Kingsville, TX 78363.

The COI must include, at the minimum, the following coverage:

- (1) Worker's compensation as prescribed by the laws of the State in which the work will be performed and employer's liability insurance.
- (2) General liability insurance wherein the NAFI and the United States are included as named insured, stating that such insurance is primary (secondary to or contributory with no other insurance). Policy limits of \$1,000,000 per person - \$1,000,000 per occurrence for injury or death, and \$1,000,000 property damage per occurrence are required.
- (3) The contractor is responsible for damage or loss to his/her owned or leased equipment. Claims will be honored only if it can be shown that the NAFI was negligent and caused damage or loss to the contractor's equipment.

The Contractor is responsible for all required insurance, licenses, and permits, which will be documented in the contract file

**NAS Kingsville DBIDS Pre Enrollment Form:**

All Applicants must submit a NASK DBIDS Pre Enrollment Form for all workers before payment can be processed. A second background check will be conducted again 27 days prior to set up day to allow access to the base. Convicted felons are not allowed on NAS Kingsville. Concessionaire and their workers are required to show a valid ID to access NAS Kingsville. Each Concessionaire will be assigned one (1) parking pass to allow delivery and pick up before or after gate closing times. **ALL VEHICLES WILL BE SEARCHED PRIOR TO ENTERING THE FLIGHTLINE. PLEASE NOTE: All Foreign Nationals require at least 45 additional days for processing time, and must be checked in and out daily.**

**Menu:****Price Schedule**

Submit a Listing of items, with corresponding selling prices.

Submit a listing of items, with corresponding selling prices (Price Schedule), for approval or disapproval action. The final approved listing is considered a part of this contract. The menu items identified on this application must be adhered to with no additions or deletions after the application deadline. Before starting operations, the Concessionaire shall clearly place the price list in a conspicuous spot for patrons to see. Prices are to include all taxes and credit card fees.

- Beverages may be sold by the Concessionaire. **Concessionaires may not sell alcoholic beverages. Alcoholic beverages will be sold by MWR.**

**Waste Removal and Garbage Pick Up:**

Disposal of grease upon Air Show property is strictly prohibited. You are responsible for disposing your grease. The Air Show Staff will pick up garbage throughout the weekend.

**Water and Ice:**

A shared outside water faucet is available. Concessionaires must provide their own Health Department approved food service hose and/or containers to carry water. Ice is available to purchase on site from MWR. We except cash only. No running tabs.

## **Policies and Guidelines for Concessionaire**

### **NAS Kingsville 2026 Wings Over South Texas Air Show**

**CHECK IN:** Concessionaire is required to check in at the information booth located just inside the front gates of the event site. A **MWR** representative will meet each Concessionaire and direct them to their space and provide their Air Show package.

**SET UP:** Concessionaire space will be assigned at the discretion of **MWR**. Concessionaire is asked to honor the space provided on the flight line map. Every effort will be made to accommodate Concessionaire that will be beneficial to all Concessionaires and **MWR**. Concessionaire will be allowed access to the flight line on Thursday morning, April 16th at (time TBD) for set up. You must set up on this day. Late set up/early tear down is not permitted.

**CLOSING PROCEDURES:** Sunday, April 19th, 2026 starting at 4:00 pm you may start breaking down your booths.

- You may walk your items to your car if you are on a time constraint.
- **ABSOLUTELY NO** vehicles allowed in the food concessionaire area until MWR Food Coordinator says it is clear of all Air Show pedestrians.
- NO trailers are allowed to leave the Air Show site on Sunday until MWR Food Coordinator says it is clear of all Air Show pedestrians (Usually takes about 30 minutes).

**PARKING:** Designated parking for Concessionaire will be provided and directions to assigned parking will be provided on Thursday morning. A limited number of parking passes will be available for all Concessionaires. NO vehicles will be allowed to park or ride on the flight line once gates open to the public.

**FOOD TRUCK / BOOTH DISPLAY:** Concessionaire is responsible for installation and disassembly of their own displays.

- No part of the display may interfere in any way with another Concessionaire or reach beyond the limits of the rented booth space. All displays/decorations **MUST** be able to sustain significant winds. Staking is not permitted on the flight line.
- Concessionaire may decorate their own booths at their own expense.
- All materials must be non-flammable.
- No inflatable/helium type balloons are permitted.
- Concessionaires with trailers, you are required to submit the trailer booth layout form and pictures of your trailer from bumper to hitch with serving windows open.
- All booths shall be painted and trailers shall be in good repair.
- Booths must display a prominent sign above the service window, which identifies the business/organization by name. The sign shall measure a minimum of 3 feet long by 10 inches high.
- Concessionaires must provide their own power. Generators are permitted, provided they are quiet and do not interfere with the event or other vendors. Cords must remain within the confines of the booth space.
- All booths shall be equipped with fire extinguishers.
- Use of sound systems, glass bottles and loud generators are prohibited.
- **IT IS REQUIRED TO REPORT YOUR EARNINGS AT THE END OF EACH DAY FOR REPORTING PURPOSES.** Provide to the MWR a copy of daily cash reconciliations of the concession at the end of each day.

**SECURITY:** Concessionaire must submit a completed NAS Kingsville DBIDS Pre Enrollment Form for all workers on or before February 27th, 2026. A background check will be conducted to allow access to the base. Convicted felons are not allowed on NAS Kingsville. Concessionaire and their workers are required to show a valid ID to access NAS Kingsville as well as the flight line. Each Concessionaire will be assigned one (1) parking pass to allow delivery and pick up before or after gate closing times. **ALL VEHICLES WILL BE SEARCHED PRIOR TO ENTERING THE FLIGHTLINE. PLEASE NOTE: All Foreign Nationals require at least 45 ADDITIONAL days for processing time, and must be checked in and out daily.**

**Miscellaneous Policies:**

- Promotional materials may be distributed only from the confines of the booth space.
- There will be no painting or alteration of any space.
- Smoking and/or vaping is forbidden in all booths.
- Voice amplification permitted providing the volume is kept at responsible level as determined by **MWR**.
- All booths must be kept clean and orderly at all times.
- BBQ Pits require **PRE APPROVAL**. Email: [WingsOverSouthTexasAirShow@us.navy.mil](mailto:WingsOverSouthTexasAirShow@us.navy.mil)
- The Concessionaire is solely responsible for the set up and breakdown of exhibit area.
- Concessionaire is responsible for securing all tents, signs, decorations, etc. with cement blocks, water weighted containers, etc. Tents, signs, decorations, etc. must be able to withstand significant winds. Staking is not permitted on the flight line.

Any questions should be directed to: WingsOverSouthTexasAirShow@us.navy.mil

The MWR Food Concession Committee reserves the right to be selective to assure quality and diversity. For the success of this community event, we reserve the right and/or discharge a concessionaire from participating in NAS Kingsville Air Show upon the concessionaires non-compliance with these guidelines.

I release NAS Kingsville, MWR, Department of the Navy, and the United States Government, from any and all liability for any loss, theft, or damage of property that may occur while displaying/selling their product/property at the 2026 NAS Kingsville Wings Over South Texas Air Show.

***I hereby agree to abide by all terms, rules and regulations stated on this application form.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Contracting Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STOP BEFORE YOU SEND:**

Did you remember to:

- Read the application package carefully
- Complete the application form in its entirety
- Include a product listing with prices, Include photos of your tent/trailer
- Include a Copy of Insurance Certificate
- Include a completed 889 Form
- Include a completed temporary Food Establishment form (DD2970 form)
- Include a completed Conditional Employee or Food Employee Reporting Agreement (DD2971 form)
- Include a completed DBIDS Pre Enrollment Form for all workers that will need access to NAS Kingsville.

**Office Use Only**

Check Number \_\_\_\_\_

Credit Card \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

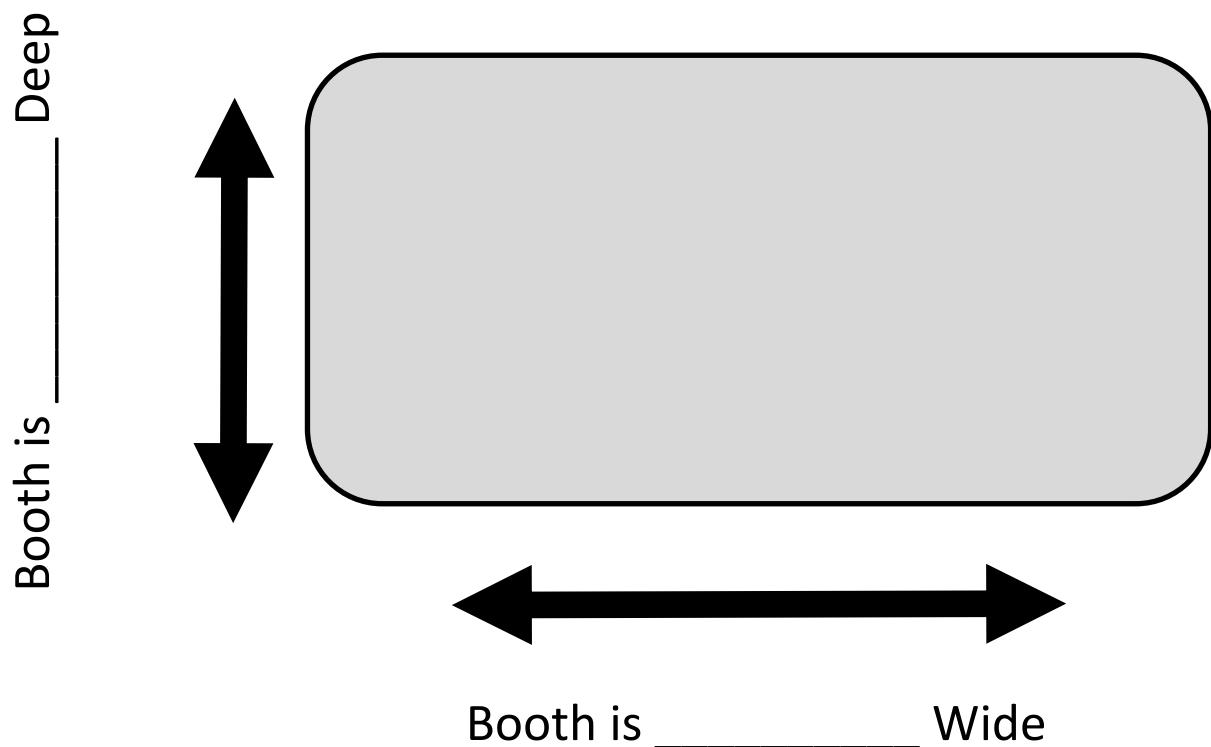
Business Name: \_\_\_\_\_

Number of Booths: \_\_\_\_\_

Draw the following in the trailer picture below:

- Location of the serving window(s)
- Location of the hitch
- Exact dimensions of trailer, including hitch to bumper and all open serving windows

\_\_\_\_\_ X \_\_\_\_\_



Business Name: \_\_\_\_\_

# FOOD CONCESSIONAIRE MENU

## Price Schedule

(Must be submitted with application.)

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT**

(Application requirements are outlined in Chapter 8, TB MED 530/NAVMED P-5010-1/AFMAN 48-147\_IP)

OMB No. 0702-0132  
OMB approval expires:  
February 28, 2022

The public reporting burden for this collection of information, 0702-0132, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**INSTRUCTIONS:**

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for each independently operated establishment regardless if managed by a single operator. Submit completed applications to the regulatory authority at least 7 days before an event. In addition, each operator must provide:

- A drawing depicting the operational layout of the temporary food establishment. The drawing should provide orientation to the following activities/areas: food storage, food preparation/cooking, food service, warewashing (if applicable), and employee handwashing;
- A drawing of the entire event area depicting the TFE site in relation to the potable water supply, electrical sources, the wastewater disposal area, lavatories, etc.

1. DATE SUBMITTED (YYYYMMDD)	2. NAME OF TEMPORARY FOOD ESTABLISHMENT	
3. NAME OF OPERATOR OR OWNER		4. MAILING ADDRESS
5. TELEPHONE NUMBER		
6. NAME OF EVENT		7. DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION
8. DATE AND TIME TFE WILL BE SET UP AND READY FOR INSPECTION:		

**9. LIST ALL FOOD AND BEVERAGE ITEMS TO BE PREPARED AND SERVED.** Attach a separate sheet if necessary.

NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least 24 HOURS prior to the event.

(1)	(2)	(3)
(4)	(5)	(6)
(7)	(8)	(9)
(10)	(11)	(12)
(13)	(14)	(15)
(16)	(17)	(18)

**10. Will all foods be prepared at the TFE site?**

Yes – complete **Attachment A**       No\* – complete **Attachments A and B**

\* If No, the operator must identify the permanent food establishment where the food will be prepared; food establishments operating off the installation require additional assessment by the Regulatory Authority for approval.

**11. Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE (e.g., conveyance method & temperature controls):**

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

12. How will food temperatures be monitored during the event?

13. Identify the sources for each meat, poultry, seafood, and shellfish item, and ice:

a. Item / Source	b. Item / Source
c. Item / Source	d. Item / Source
e. Item / Source	f. Item / Source

14. How many (total) food employees will be working at the TFE? \_\_\_\_\_  
Using Attachment C, provide the names and phone numbers of all TFE workers (paid workers and volunteers).

15. How many handwashing facilities will be available for food employees? \_\_\_\_\_

Describe the location(s) and handwashing facility set up (type of device) to be used by the TFE employees:

16. Identify the potable water supply source and describe how water will be stored and distributed at the TFE. If a non-public water supply (well water) is to be used, provide the results of the most recent water tests.

17. Describe where utensil washing will take place. If no facilities are available onsite, describe the location of back-up utensil storage.

18. Describe how and where wastewater from hand washing and utensil washing will be collected, stored, and disposed:

19. Describe the number, location, and types of garbage disposal containers at the TFE and the event site:

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT****20. Describe the floors, walls, ceiling surfaces, and lighting within the TFE:****21. Additional information about the TFE that should be considered:**

Number of attached continuation pages: \_\_\_\_\_

**22. APPLICANT STATEMENT:** I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Medical Authority or designated representative and the event sponsor may nullify final approval.

a. APPLICANT/OWNER SIGNATURE:

b. Date:

c. CO-APPLICANT/CO-OWNER SIGNATURE:

d. Date:

**23. REGULATORY AUTHORITY:** Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e., Federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the food establishment with equipment in place and operational will be necessary to determine if it complies with the Tri-Service Food Code and local and state laws governing food service establishments.

Approved	Date (YYYYMMDD):	Disapproved	Date (YYYYMMDD):
Establishment Restrictions:		Reason(s) for Disapproval:	

**24. AUTHORIZED DATES TO OPERATE****25.a. REVIEWER** (Print full name and rank)

b. TITLE

c. SIGNATURE

d. DATE

**ATTACHMENT A - FOOD PREPARATION AT THE TEMPORARY FOOD ESTABLISHMENT**

**INSTRUCTIONS:** Indicate "NA" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

**ATTACHMENT B - FOOD PREPARATION AT PERMANENT FOOD ESTABLISHMENT SUPPORTING THE TFE**

**INSTRUCTIONS:** Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

**ATTACHMENT C - TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG**

**CONDITIONAL EMPLOYEE OR FOOD EMPLOYEE REPORTING AGREEMENT**

(Reporting requirements for food employees are outlined in Chapter 2, TB MED 530/NAVMED P-5010-1/AFMAN 48-147\_IP)

**INTENT OF REPORTING REQUIREMENTS:** Preventing transmission of diseases through food by infected employees with emphasis on illness due to Norovirus, *Salmonella typhi*, *Shigella spp.*, Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or Hepatitis A virus.

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of food borne illness.

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

1. Any onset and the date of onset of the following symptoms, either while at work or outside of work:
  - Diarrhea
  - Vomiting
  - Jaundice
  - Sore throat with fever
  - Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered. Examples include boils, open blisters, or other open skin abrasions or cuts, regardless of size.
2. Future Medical Diagnosis.
  - Whenever diagnosed as being ill with: Norovirus; Typhoid Fever (*Salmonella typhi*); Shigellosis (*Shigella spp.* infection); *Escherichia coli* (E. coli) O157:H7 or other EHEC/STEC infection; or Hepatitis A virus infection.
3. Future Exposure to Foodborne Pathogens:
  - Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, Typhoid Fever, Shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or Hepatitis A.
  - A household member diagnosed with Norovirus, Typhoid Fever, Shigellosis, illness due to EHEC/STEC, or Hepatitis A.
  - A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, Typhoid Fever, Shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or Hepatitis A.

**EMPLOYEE:** I have read (or had explained to me) and understand the requirements concerning my responsibilities under Chapter 2 of the Tri-Service Food Code and this agreement to comply with: (*Initial next to each item below*)

	1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;	
	2. Work restrictions or exclusions that are imposed upon me; and	
	3. Good hygienic practices.	
4. I understand that failure to comply with the terms of this agreement could lead to personnel action by the food establishment that may jeopardize my employment.		
a. FOOD EMPLOYEE NAME ( <i>print full name</i> )		
b. FOOD EMPLOYEE SIGNATURE		c. DATE
d. PERSON IN CHARGE OR REPRESENTATIVE SIGNATURE		e. DATE

**FORM DISPOSITION**

Retain this document on file until employee termination, transfer or detaching from this facility.

# CNIC NAF PC Use of Covered Telecommunications Equipment or Services Representation

## Section 1 – References

1. USD DTM 22-002 Nonappropriated Fund Procurement Implementation of Section 889 of NDAA FY19
2. CNIC NAF Purchase Card Program Interim Policy Memorandum 7 June 2022

## Section 2 – Merchant Representation

After conducting a reasonable inquiry, for purposes of this representation, the Merchant represents that it—

does      does not      use covered telecommunications equipment or services, or use any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system.

Merchant Name

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Merchant Authorized Rep Name

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Merchant Authorized Rep Signature

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Date Signed

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## Section 3 - Instructions

A. Cardholder (CH) provides this representation document to the merchant to complete, sign, and return to the CH.

B. Merchant verifies the list of prohibited companies fills out Section 2 above and returns the form to the CH.

**Procedures for Merchant:** review the list of excluded parties in the System for Award Management (SAM) (<https://www.sam.gov>) or on the GSA SmartPay website (<https://smartpay.gsa.gov/content/prohibited-vendor-list>) for entities excluded from receiving federal awards for “covered telecommunications equipment or services”. Conducting business with merchants who use telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities); Video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities) is strictly prohibited.

**C. If a merchant represents “does not” the CH can rely on the representation and make the purchase**

**D. If a merchant represents "does" or the merchant declines to complete the representation, the CH shall not make the purchase with that merchant. CH must find an alternate merchant that represents "does not" or forward the requirement along with the representation to the supporting contracting office for action.**

1. If applicable, and after receiving the requirement and representation, the supporting contracting office may provide written approval for the CH to make the purchase. If so, the CH shall retain approval documentation in file.

**E. The following NAF PC transactions are exempt as these transactions are payments, not purchases.**

1. Contract Payment Official - use of the NAF PC as a payment method only
2. Inter/Intra-Governmental Payments - (ex. DLA Document Services, NSN items using FedMall)
3. Training Payments

F. Retain all documentation that supports this representation.