

Date Balance Received:

South Carolina Apple Festival

Do Not Write Her	е
Space Numbers	

Check #:_

Food Vendor Application

Vendor Company Name:	
Vendor Contact Name:	
Vendor Mailing Address:	Phone:
Retail Sales License Number: Vendor email Address:	(REQUIRED or Application will be returned)
Electricity Needed? [] Yes [] No If yes	s, type Needed? [] 110 [] 220 (Limited availability)
All spaces are 10'X10' and ALL spaces are	<u>re \$200.00</u>
How many spaces are you reserving?	_
menu items. Priority is given to local and able to send photos of your booth as it will sent after the deadlines listed below. If an be sold and you choose to sell it anyway,	he festival. We do not accept duplicate vendors or repeat/long term vendors. New vendors, please be appear at the festival. An acceptance letter will be item is marked off or listed on the letter as not to we reserve the right to shut down your booth with stival rules on our website: www.scapplefestival.com
	Use back or attach additional pages.
Vendor Signature:	Date:
reserved spaces will be opened for new vendors or those due in our office by July 15, 2024. Mail all to: SC App	f your booth (If new vendor). After June 30, 2024, all non- se repeat requesting to move to a new location. FULL balance is ple Festival Attn: Anna PO Box 206 Westminster, SC 29693
PLEASE DO NO	T WRITE BELOW THIS LINE
Date Application Received:	Deposit Amount: Check #:

Balance Amount: