

South Carolina Apple Festival Food Vendor Application

Officia	l Use	Only
Space	Num	bers

Vendor Company Name:	
Vendor Contact Name:	
Vendor Mailing Address:	Phone:
Retail Sales License Number:	(Required or Application will be returned)
Vendor email address:	
Please select the type of vendor you are: [] Food Truck/Tr	ailer [] Tent
Do you need Electricity? [] No [] 110 [] 220 (limited ava	ailability)
Would you like to set up on Thursday night after 8pm? []	No [] Yes (Please be aware this is not guaranteed)
All spaces are 10'X10' and EACH space is \$200 How ma	ny spaces are you reserving?
Please list ALL items you plan to sell at the festival. We do Priority is given to local and repeat vendors that have a good vendors, please send photos of your booth/set up. An acceplease review all festival rules at: scapplefestival.com/food	od relationship with the Apple Festival Committee. New eptance letter will be sent after the deadlines listed below.
To reserve you space(s) the full amount for the number of Applications and payments are due by June 30 th . After the will not accept any application after August 10 th . No refunchecked in no later than 9am or we cannot guarantee you PO Box 206 Westminster SC 29693 or email to southcaroling	e 30 th all remaining spaces will be filled by new vendors. We ds will be given after August 15 th . Food Trucks must be r place at the festival. Mail to SC Apple Festival Attn: Anna
Vendor Signature:	Date:
For official use only- Date application received:	Amount Paid: Check or invoice#