

TOWN OF CLOVER

ST. PATRICK'S DAY FESTIVAL

SATURDAY, MARCH 13, 2010

VENDOR APPLICATION

Location: Northbound lanes of Main Street from Bethel St. to Catawba St.

Event Time: 10:00AM – 5:00PM

Set-up Time: 7:00AM- 9:30AM All vehicles must be removed from the site and vendors ready by 9:30AM. No set-up allowed after 9:30AM.

Deadline for Entry: **Wednesday, February 26, 2010**
 Discounted rate for entries received before February 12!!
 After February 26th, a \$10 late registration fee will be charged.

For more information, call Clover Parks and Recreation @ 803-222-9493 or visit www.cloversc.info.

PLEASE RETURN THE BOTTOM PORTION WITH YOUR PAYMENT

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Vendor Name: _____ **Contact Person** _____

Mailing Address: _____

Phone: _____ **Fax Phone:** _____ **Email:** _____

Vendor Type & Fee (Price per 12ft. x 12ft. spot on Main Street) **Fees Are Non-Refundable**

	<u>Registrations received:</u>	<u>By Feb. 12</u>	<u>After Feb. 12</u>	<u>After Feb 26</u>
_____ Commercial Food Vendor*				
Dimensions required: _____				
___ In Town Business		\$40	\$50	\$60
___ Out of Town Business		\$70	\$75	\$85
_____ Civic/Church Food Vendor		\$30	\$40	\$50
_____ Arts & Craft and Commercial Vendors*		\$30	\$40	\$50
_____ Beer Sales Vendor		\$90	\$100	\$110
_____ Other: _____		\$30	\$40	\$50

*All Commercial Vendors without a Town of Clover Business License must add \$10 to registration fee.

Briefly describe your type of entry, items to be sold, space needed, electricity needs, etc.:

I understand that the Town of Clover reserves the right to reject any application. I also understand my failure to comply with the rules and regulations of the St. Patrick's Day Festival will terminate my right to continue to participate as a vendor in the St. Patrick's Day Festival.

I understand that I am responsible for my booth, tables, chairs, crafts, and/or all other materials and merchandise that I am selling. I hereby release all sponsors, promoters, and officials of the Town of Clover from any claims of injury or damages resulting from participating in this event.

Signed _____ Date _____ Fee Enclosed \$ _____

Make checks payable to the Town of Clover, attach to the application and mail or drop off at Town Hall, 114 Bethel St, PO Box 1060, Clover, SC, 29710.