

Blackville Music and Art Festival

P.O. Box 463

Blackville, SC 29817



Vendor Registration Form

May 17-18, 2019

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*Food vendors must be in compliance with the DHEC guidelines (www.scdhec.gov). Please list all items being sold along with price (attach menu with pricing or on separate piece of paper):* \_\_\_\_\_

**\*\*Please indicate power needs.**

**\*\*Electrical Needs:** 110 volts \_\_\_\_\_ 220 volts \_\_\_\_\_

Please indicate if you have a generator. Generator: yes \_\_\_/no \_\_\_\_\_

(bring generator as back up just in case)

**\*\*Indicate number of spaces needed:** 10x10-space \_\_\_\_\_ (\$100.00 per space)

**\*\*Indicate days of attendance:** Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Both Days \_\_\_\_\_

**\*\*You are responsible for providing your own tent, table, chairs, electrical cords, grill, etc.**

The cost of each FOOD VENDOR space is \$100.00. Vendor registration forms are due by April 26, 2019. Vendor registration forms received after April 26, 2019, will incur a late fee of \$25.00. May 3, 2019, is the last day that vendor registration forms will be accepted. *No refunds will be granted after April 19, 2019.* Please make checks/money orders payable to Blackville Music & Art Festival and mail applications to P.O. Box 463, Blackville, SC 29817. For more information, contact Ethel Washington-803.671.3121/Charmane O'Berry-706.339.4614.

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE TOWN AND THE BLACKVILLE MUSIC AND ART FESTIVAL COMMITTEE AND ANY OTHER REGULATIONS THAT MAY BE ESTABLISHED. I HEREBY RELEASE AND FOREVER DISCHARGE THE TOWN OF BLACKVILLE AND THE BLACKVILLE MUSIC & ART FESTIVAL COMMITTEE OR ANY OF THEIR AGENTS FROM ANY RESPONSIBILITY, PERSONAL LIABILITY, LOSS OR DAMAGE ARISING OUT OF OR IN CONNECTION WITH THIS FESTIVAL.

VENDOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASH/CHECK/MONEY ORDER AMOUNT: \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE: \_\_\_\_\_

Email: [blackvillemusicandartfestival@gmail.com](mailto:blackvillemusicandartfestival@gmail.com) Website: [bmafestival.com](http://bmafestival.com) Facebook: [BlackvilleMusicAndArtFestival](https://www.facebook.com/BlackvilleMusicAndArtFestival)



**RETAIL FOOD ESTABLISHMENT  
APPLICATION FOR EVENT AUTHORIZATION**  
Bureau of Environmental Health Services  
Division of Food Protection & Rabies Prevention

**Application Instructions:**

- \*\* Application must be legible. Any missing information will result in delays in processing this application.
- 1) Applicant shall be the Event Coordinator requesting authorization for food vendors at events that offer food as per 9-8, 9-9 and 9-11 of R. 61-25, Retail Food Establishments.
  - 2) Applicant shall submit a completed application for authorization and receive authorization from the Department prior to the event. It is recommended that applications be submitted 14 days in advance of the event.
  - 3) If additional space for list of vendors is required it shall be included as an attachment and labeled with the event name, dates, and address of event.

Event Name \_\_\_\_\_

Event Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County (location) \_\_\_\_\_

List Hours of Operation: S \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_

The following is to be completed for Temporary Food Service Establishments (9-8) and Community Festivals (9-9):

List Dates of Consecutive Operation for the Event or Date Range of the Series \_\_\_\_\_

List Date and Time that all Food Vendors are Required to be Ready for Operation \_\_\_\_\_

Event Coordinator \_\_\_\_\_

24-hour Emergency Contact Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Food Vendor:	Vendor Contact Information: (Name/Address/Phone/Email)	Foods served at Event:

Please check this box if the back page is required for additional vendor information.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the Temporary Food Establishment, Community Festival or SC Farmers Market/Seasonal Series will comply with SC DHEC Regulation 61-25. It is unlawful for a person to willfully give false, misleading, or incomplete information on a document, record, report, or form required by the laws of this State. Should the Event or Food Vendors associated with the event fail to adhere to the requirements of Regulation 61-25, the permit to operate may be subject to enforcement action, which may include civil penalties pursuant to Section 44-1-150(B) of the South Carolina Code of Laws and/or permit suspension/revocation pursuant to Regulation 61-25, Retail Food Establishments.

Event Coordinator Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Submittal Date \_\_\_\_\_

Application Complete Date \_\_\_\_\_ Reviewer \_\_\_\_\_

Personal information provided on this document is subject to public scrutiny or release