

Blackville Music and Art Festival

P.O. Box 463

Blackville, SC 29817



Vendor Registration Form

May 16-17, 2025

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). Food that is NOT listed will not be allowed because of DHEC guidelines:

****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 _____ (\$175.00 per space) Food Truck \$350

****Indicate days of attendance:** Friday _____ Saturday _____ Both Days _____

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

Times: Friday, May 16, 2025- 10:00am-3:30pm (Festival opens @ 4:00pm) Saturday, May 17, 2025-

7:00am-10:30am (Parade begins @ 11:00am)

The cost of each FOOD VENDOR space is \$175.00 per space and \$350 per food truck space. Vendor registration forms are due by April 28, 2025. Vendor registration forms received after April 28, 2025, will incur a late fee of \$25.00. May 5, 2025 is the last day that vendor registration forms will be accepted. *No refunds will be granted after April 22, 2025. We are NOT accepting cash money.* Please make checks/money orders payable to Blackville Music & Art Festival and mail applications to P.O. Box 463, Blackville, SC 29817. Please include Two photos of the vendor booth. Make sure it shows a great presentation. Neat, not too cluttered displays, table coverings to the floor to hide any storage you may have under them. Three different photos of vendor product. These photos should be close up shots of individual pieces so the jury can see the quality of your product. Do not submit a close up of your display with too many pieces in the photo. Photos will not be returned and are used during the show to compare product submitted to the jury with product being sold. Vendors are responsible for cleaning up their area, discarding trash & grease. 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. **NO CASH...!**

VENDOR’S SIGNATURE: _____ DATE: _____

CHECK/MONEY ORDER AMOUNT: _____ CHECK# _____ DATE: _____

Blackville Music and Art Festival


P.O. Box 463

Blackville, SC 29817



Vendor Registration Form

May 16-17, 2025

	RETAIL FOOD ESTABLISHMENTS APPLICATION FOR EVENT AUTHORIZATION			
<p>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 the Supplemental Vendor Information page(s) is used to provide a complete list of vendors, include as an attachment and label with the event name, dates, and address.</p> <p>Event Name _____</p> <p>Event Address _____ City _____ Zip _____</p> <p>County (location) _____</p> <p>List Hours of Operation: S _____ M _____ T _____ W _____ Th _____ F _____ Sa _____</p> <p>The following is to be completed for Temporary Food Service Establishments (9-8) and Community Festivals (9-9):</p> <p>List Dates of Consecutive Operation for the Event or Date Range of the Series _____</p> <p>List Date and Time that all Food Vendors are Required to be Ready for Operation _____</p>				
<p>Event Coordinator _____</p> <p>24-hour Emergency Contact Number(s) _____ Fax _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Mobile _____ E-mail _____</p>				
Name of Food Vendor:	Vendor Contact Information: (Name/Address/Phone/Email)	Foods Served at Event:		
<input type="checkbox"/> Please check this box if the back page is required for additional vendor information.				
<p>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.</p>				
Event Coordinator Signature _____	Print Name _____	Submittal Date _____		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Complete Date _____</td> <td style="width: 50%;">Reviewer _____</td> </tr> </table>			Application Complete Date _____	Reviewer _____
Application Complete Date _____	Reviewer _____			
Personal information provided on this document is subject to public scrutiny or release				