

SpringFest at the Rock

*Presented By: **Perdue***

VENDOR APPLICATION

Number of Spaces (10' x 18') Requested: _____

Owner's Name (please print): _____

Business Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number/**Email Address**: _____

Please give a brief description of your vending business including a complete listing of products to be sold.

NO LOUD GENERATORS!!

Please list any specific requirements of your display (i.e., power, water, etc.): _____

Dimensions of your display including necessary storage (must be SPECIFIC): _____

Complete Richmond County Health Dept. Forms/Food Trucks attach a copy of permit

Food Vendor:	_____ \$150 X _____ spaces = \$ _____
Merchandise Vendor:	_____ \$100 X _____ spaces = \$ _____
Informational Vendor:	_____ \$50 X _____ spaces = \$ _____
Non-Profit Vendor	_____ \$50 X _____ spaces = \$ _____

Vendor location map will be emailed Thursday, April 18, 2024

Owner's Signature: _____

**VENDORS MUST
STAY FOR ENTIRE
EVENT**