



Central Railroad Festival
Downtown Central, SC
Saturday, April 22, 2017 | 10am-5pm
Greater Clemson Music Festival follows from 5pm-8pm

Food Vendor Application

Organization/ Business: _____

Name: _____ Telephone: _____

Address: _____
 Street City State Zip

E-mail: _____

Unless noted, all future communication will be via Email.

I prefer correspondence through US Mail

Certificate of Liability Insurance Coverage # _____

YES, I plan to stay through Greater Clemson Music Festival

Food Vendor: All items vendor plans to sell must be listed and approved prior to setup. Any item not **pre-approved** is subject to denial and vendor may not be allowed to sell the particular item(s). *Food Vendors must provide their own generator if they require more than 20 amps.*

Electrical Hook-up Required

Menu Items: (list additional items on back)

List **special requirements** (*i.e.: trailer access, water, specific electrical needs, etc.*)

The undersigned agrees that he/she will be responsible for any loss or damage to the booth and/or the vendor equipment during CRRF. It is further agreed that the undersigned will abide by the Vendor Policies and General Information set forth by the CRRF officials.

• **Food Vendor Fee / \$100** • **Non-Profit Food Vendor Fee / \$80** • **Check made payable to Central Railroad Festival**

Food Vendor Fee must be included with this application

Deadline for entry is February 14, 2017. However, please be reminded that acceptance is based on a first come, first served basis. We do not allow duplicate food items (example: only 1 BBQ vendor).

Signed: _____

Print Name: _____ Date: _____

Please mail completed Vendor Application, Certificate of Insurance and include the following: self-addressed stamped business size envelope, signed Vendor Policies Agreement, Certificate of Insurance, Trailer/Booth Photo and entry fee to:
 Central Railroad Festival, Clemson Area Chamber of Commerce, PO Box 1622, Clemson, SC 29633.

Questions? Call the Clemson Area Chamber of Commerce at (864) 654-1200.

For Office Use Only

Payment Date: _____
 Ck # _____

Cert. of Ins. Attchd.

Terms/ Conditions

Photo

Approved Denied

Reason: _____

Booth # _____

Initial _____