

2023 PELZER CHRISTMAS MARKET
FOOD VENDOR APPLICATION



NAME - _____

BUSINESS NAME - _____

ADDRESS - _____

PHONE – (CELL/HOME) - _____

EMAIL - _____

MENU ITEM DETAILS - _____

CHECK ONE: TENT TRAILER FOOD TRUCK SIZE NEEDED _____

SIZED NEEDED FOR YOUR EQUIPMENT (TENT/TRAILER/TRUCK)

LOCATION OF EVENT: 112 LEBBY STREET, PELZER, SC 29669

DATE/TIME: SATURDAY, NOVEMBER 18,2023 – 10:00 AM – 4:00 PM

SET-UP TIME 8:00 – 9:30 AM

ABOUT: THIS IS OUR HOLIDAY FAIR THAT WE HAVE EXPANDED IN THE PAST TWO YEARS TO INCLUDE FOOD TRUCKS, AND OUTSIDE VENDORS CONSISTING OF LOCAL ARTIST, CRAFTERS, FARMS.

FEES: ONCE ACCEPTED, SELECTED VENDORS MUST REMIT PAYMENT FOR VENDOR FEE. PAYMENTS MAY BE MADE AT THE TOWN OF PELZER OFFICE, BY PHONE WITH CREDIT OR DEBIT CARD. CHECKS MAY BE MADE PAYABLE TO TOWN OF PELZER, AND MAILED TO PO BOX 427, PELZER, SC 29669. FOOD VENDORS WILL ALSO BE REQUIRED TO PAY 2% HOSPITALITY TAX ON THEIR FOOD/BEVERAGE SALES TO THE TOWN OF PELZER. VENDOR FEES ARE REFUNDABLE UP TO THREE WEEKS PRIOR TO THE EVENT. NO REFUNDS WILL BE ISSUED WITHIN 14 DAYS OF THE EVENT. _____ **initial**

VENDOR FEE: \$50.00 / ALL VENDORS – (FOOD/BEVERAGE VENDORS MUST ALSO PAY A 2% HOSPITALITY TAX ON SALES, HOSPITALITY FORM ATTACHED.)

EQUIPMENT/ELECTRICITY: VENDORS ARE RESPONSIBLE FOR PROVIDING ALL OPERATIONAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO: TABLES, CHAIRS, CANOPIES, TENTS, ICE, ETC. VENDORS MUST BRING THEIR OWN POWER SUPPLY AND EXTENSION CORDS. AS A COURTESY TO OTHERS, ALL

GENERATORS MUST BE MUFFLED TO REDUCE NOISE. VENDORS MUST BRING THEIR OWN WATER CONTAINER FOR FILLING AS NECESSARY, AS RUNNING WATER WILL NOT BE PROVIDED. _____initial

TRASH: PARTICIPANT SHALL PROVIDE THEIR OWN TRASH RECEPTACLES AND NOT USE TRASH RECEPTACLES PROVIDED FOR FESTIVAL PATRONS. _____initial

EVENT HOURS: VENDOR AGREES TO OPERATE THROUGHOUT ALL HOURS OF THE EVENT AND AGREES TO REMAIN IN BOOTH UNTIL OFFICIAL CLOSING TIME. IF VENDOR ARRIVES PAST THE SPECIFIED SET-UP TIME FOR THE EVENT, VENDOR MAY NOT BE ALLOWED ADMITTANCE. IF A VENDOR DOES NOT SHOW UP ON THE DAY OF THE EVENT NO REFUNDS WILL BE GIVEN. _____initial

INSURANCE: ONCE ACCEPTED, VENDORS WILL PROVIDE A COPY OF THEIR CERTIFICATE OF INSURANCE FOR THE EVENT WITH A MINIMUM LIABILITY COVERAGE OF \$1,000,000 NAMING THE" TOWN OF PELZER, P.O. BOX 427, 103 COURTNEY STREET, PELZER, SC 29669" AS ADDITIONAL INSURED. _____initial

HEALTH PERMIT: A SC HEALTH DEPT. PERMIT MUST BE DISPLAYED TO THE PUBLIC BY THE VENDOR. VENDOR MUST BE READY FOR INSPECTION BY SC HEALTH DEPT. ON THE DAY OF THE SHOW. _____initial

DISCLAIMER: NO REFUNDS OF VENDOR FEES. THE TOWN MAKES NO REPRESENTATION AS TO THE NUMBER OF POTENTIAL EVENT ATTENDEES AND ASSUMES NO LIABILITY FOR ANY FINANCIAL LOSS DUE TO VENDOR'S OPERATION AT THE EVENT. _____initial

*** VIOLATION OF THIS POLICY WILL CAUSE YOUR ORGANIZATION TO BE DISMISSED FROM THE EVENT GROUNDS WITH OUT A REFUND OF VENDOR FEE. IN ADDITION, YOUR ORGANIZATION WILL NOT BE ALLOWED TO PARTICIPATE IN FUTURE TOWN ORGANIZED EVENTS. _____initial

Paid to: TOWN OF PELZER
Address: P. O. BOX 427
City, State, Zip: PELZER, SC 29669

HOSPITALITY TAX REMITTANCE FORM

Name: _____ Phone: _____

Contact: _____

Address:

Reporting Period: CHRISTMAS MARKET

1. Gross Sales: Prepared Food & Beverage	\$ _____
2. Local Hospitality Tax (Line 1 x 2.0%)	\$ _____
3. Total Local Hospitality Tax Due	\$ _____

** I hereby certify that the information on this report is true and accurate to the best of my knowledge and belief.

Signature of Applicant _____

Title _____ Date _____