



DOWNTOWN SOUTH BOSTON FARMERS MARKET - Food Vendor APPLICATION

Applicant agrees to the following when the application is filed and signed for submission. Applicant will provide food concessions for the designated event and date. Applicant will provide all necessary paperwork and payment that is required by the VA Health Department. Applicant will bring all necessary electrical equipment, cords, plugs, etc. that he/she will need.

NAME _____

BUSINESS NAME (IF APPLICABLE): _____

MAILING ADDRESS: _____ CITY: _____ ST _____ ZIP _____

CELL PHONE (REQUIRED) _____ ALTERNATE PHONE: _____

EMAIL (REQUIRED) _____

BOOTH SPACE MEASUREMENT(Required)

Please be Specific - include trailer, tongue, canopies, tents, etc

SERVING - WHICH SIDE OF THE TRAILER/TRUCK DO YOU SELL OR SERVE FROM? (Required)

Right Left

DO YOU HAVE ANY SPECIAL NEEDS/HANDICAP NEEDS? (Required)

No Yes

ELECTRICAL NEEDS (CHECK THE ONE THAT APPLY) - REQUIRED

DO YOU NEED ELECTRICTY? (Required)

No Yes

If yes, please state what you will use the electricity for. Example: cash register, cooler, popcorn popper, stove, or other.

SIGNATURE, AGREEMENT, & PAYMENT INFORMATION

AGREEMENT

By signing this agreement, the above named is fully responsible for his/her own equipment, including loss by breakage, theft, fire, rain, or any other cause of damage to inventory or self. The above named is responsible for any insurance he deems necessary. Also, the above named hereby expressly releases The Downtown South Boston Farmers Market and the Town of South Boston from any and all liability for damage, loss or injury to any person or goods from any cause whatsoever. The Downtown South Boston Farmers Market and the Town of South Boston assume no responsibility or liability for fire, theft, rain, or other loss or damage or for injuries to person or property.

SIGNATURE _____

DATE _____

APPLICATION FEE: \$45

TOTAL AMOUNT DUE: \$45

Make check payable to DOWNTOWN SOUTH BOSTON FARMERS MARKET or provide credit card information.

Cardholder Name _____

Credit Card Number _____

Card Number _____ **Expiration** _____ **CVV** _____

RETURN OR MAIL COMPLETED FORM WITH PAYMENT TO:

**Emily Powell, Market Manager
432 Main Street
South Boston, VA 24592**

THANK YOU!