

(Please print clearly)

**required*



Trunk or Treat

Saturday, October 26, 2024 3:00 p.m. – 5:30 p.m.

105 Main Street, Bennettsville, SC

Food Vendor Application

We look forward to you participating in Bennettsville's annual Trunk or Treat on Saturday, October 26, 2024, from 3:00 p.m. – 5:30 p.m. 105 Main Street, Bennettsville. Vehicles will not be allowed into the event area after 2:30 p.m. until closing at 5:30 p.m. *No early breakdown will be allowed.

Within the City of Bennettsville, a food vendor is required to have a local Business License (www.bennettsvillesc.com, 843-479-9001 ext. 317) or SCDHEC Commissary Permit (www.scdhec.gov). Please bring a copy of your License or Permit to the event.

Load In & Set Up: Saturday, October 26, 2024 from 1:30 p.m. – 2:30 p.m. Ready to serve: 5:30 p.m.

Food Vendor Fee: \$50 (credit card, cash, check, or money order) payments can be mailed in or are taken at the billing dept with the completed application.

Participants are responsible for all tables, chairs, tents, **silent** generators (between 50-65 dB), and supplies needed for booth set-up. Electricity is **not** provided.

Completed food vendor applications including required documentation and fees **must be received by Friday, October 18, 2024**. Spaces will be assigned on a first come, first serve basis. In the event of inclement weather, no fees will be refunded.

Submit application, all required documentation, by mail to: **City of Bennettsville, Department of Tourism, Parks, and Recreation, P.O. Box 1036, Bennettsville SC 29512** and via email jaharra.graves@bennettsvillesc.com.

****All payments must be submitted in person to: the City of Bennettsville Utility dept. (501 E. Main St., Bennettsville, SC).**

Contact Jaharra Graves for questions or additional information.

Office: 843-454-2142 Cell: 843-544-6448 Email: jaharragraves@bennettsvillesc.com

[You will be sent confirmation of your participation after your completed application, documentation, and fees are received and processed.]

(Please print clearly)

**required*

*Date of Application _____ *Business Name _____

*Contact Person _____

(First name)

(Last name)

*Address _____ *City/State _____ *Zip code _____

*Email _____ Website _____

*Mobile Phone _____ Business Phone _____

*Social Media: Instagram Name _____ Facebook URL _____

About Your Business

**Submit one or both for proof of verification:*

City of Bennettsville Business License # _____ Issue Date _____

SCDHEC Commissary Permit # _____ Issue Date _____

***Detail of foods/beverages you wish to sell:** (Please provide a full description of each item. Attach an additional sheet, if needed.)

*Tent or trailer? *(Circle one)* *Dimension of tent or trailer? _____ ft. x _____ ft.

One (1) vehicle and/or one (1) trailer allowed to park on field for event.

Terms and Conditions

**Special Protocol Agreement*

Yes

By indicating "Yes" above, I am stating that I agree to wear a mask, sanitize my hands and my station often, and encourage social distancing.

**Waiver of Liability*

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I may have against the City of Bennettsville, Marlboro County, and/or their agents, successors, and assigns for all injuries suffered by me at this event. As a vendor/participant in city events, I assume full responsibility for any booth and/or space utilized by me, my employees, and my agents, and I accept full responsibility for the quality and condition of any products offered and sold by me, my employees, and my agents.

Further, I hereby grant full permission to the City of Bennettsville, Marlboro County, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, press releases, or other promotional/publicity record of this event for any legitimate purpose.

(Please print clearly)

****required***

I have read, understand, and agree to comply with the City of Bennettsville's rules and regulations. I further confirm that I, my representatives, employees, and agents, agree to protect and hold the City of Bennettsville, Marlboro County, and/or agents harmless from any responsibility, personal liability, claims, losses, or damages arising out of, or in conjunction with my participation in city events.

*

Signature

Date