

LymanFest

Saturday, May 15, 2010

10:00am – 9:00pm

Food Application

E-mail: kvaughn@lymanfest.com

1. Vendor type: **Food \$150**
 2. Business Name: _____.
 3. Address: _____ City: _____ Zip: _____.
 4. Contact Person: _____.
 5. Contact Phone: _____ Cell: _____ Fax: _____.
 6. Web Site: _____ E-mail: _____.
 7. Explain what you will be using the space for: _____
_____.
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8. Please list the 5 most important items you wish to sell food and drinks. Our goal is to provide a variety of items sold throughout the festival and to limit duplication.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
9. Do you sell from a trailer? (circle one) Yes ___ No ___ Size of trailer? _____.
 - A. How many sides can you serve from? _____ (you may not be able to serve from multiple sides. However, this information will help provide better placement).
 - B. Power requirements? 110 volt hook up (**additional \$10.00**) AMPS needed _____?
 - C. Do you require water hook-up? (circle one) Yes ___ No ___ if yes, Why _____?
10. Standard space is 12x12.

Food Vendor Space: **\$150.00/Single Space**

Power (if needed): **\$10.00**

Total Enclosed: _____

Make checks payable to: **LymanFest**

Check must be received by May 1, 2010

I AGREE TO ALL VENDOR TERMS AND CONDITIONS _____ Date _____

Return application and payment to: LymanFest, 81 Groce Road, Lyman SC 29365

OFFICE USE ONLY: REC'D _____ CHECK # _____ AMOUNT \$ _____