| Vendor Fee: \$25 per event                   |         |          | Che         | ck/Cash   |  |  |  |  |
|--|---------|----------|-------------|-----------|--|--|--|--|
| Saturday on the Square Event Date (circle)   | July 10 | August 7 | September 4 | October 2 |  |  |  |  |
| <b>Registration Form for Vendors</b>         |         |          |             |           |  |  |  |  |
| Name of Vendor/Participant:                  |         |          |             |           |  |  |  |  |
| Name of Applicant (if different from above): |         |          |             |           |  |  |  |  |

| Address:  |               | <br>       |                                |
|---|---------------|------------|--------------------------------|
| E-mail Address:   |               | <br>       |                                |
| Phone (Day):  | Phone (Eve):  | <br>_Cell: |                                |
| How to be reached on the day                                    | of the event: | <br>       |                                |
| My booth planned activity rec<br>require electricity. ELECTRICI |               |            | If YES, please list items that |
| Briefly describe the products                                   | you will sell | <br>       |                                |

Please send registration fee with your registration. Regardless of weather, the event will proceed as planned. No requests for refund will be honored.

## Hours of Event: 7:00 PM – 10:00 PM. Booths must be setup by 6:30 PM and taken down by 11:00 PM

By signing below, I confirm that I have read, understand and agree to comply with all the DDRA Rules and Regulations. I further confirm that I, my representatives, employees and agents agree to protect and hold the Darlington Downtown Revitalization Association (DDRA), and the City and County of Darlington, harmless for any responsibility, personal liability, claims, losses or damages arising out of or in conjunction with my participation in the event. As a vendor/participant, I assume full responsibility for any booth and/or space utilized by me, my employees and/or my agents in the event. This responsibility includes sales tax and business license as required by law and compliance with DHEC rules.

Signature/date \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_ Return this application to **DDRA**, P.O. Box 57, 400 Pearl St., Darlington, SC 29540-0057. Make payment payable to **DDRA Contact info:** <u>info@buildupdarlington.org</u> or 843.992.1561 (mobile)