Vendor Fee: \$25	Check/Cash	Event Date	e: <u>2019</u>
Reg	gistration Form for Merc	<u>handise</u>	<u>Vendors</u>
Name of Vendor/Part	icipant:		
Name of Applicant (if	different from above):		
Address:			
E-mail Address:			
Phone (Day):	Phone (Eve):	Cell:	
How to be reached or	n the day of the event:		
	tivity requires electricity: (Circle one) ECTRICITY IS LIMITED.		
	describe the products you will sell. <i>If you will sell and you wil</i>		· · ·

must complete a FOOD VENDOR CONTRACT. Also please indicate the location of your farm, nursery, studio, church, or business.

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 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: info@buildupdarlington.org 398.4000 ext. 103 (office) or 843.992.1561 (cell)				