

Nickelsville Days Festival
Friday and Saturday, May 24-26, 2019
www.townofnickelsville.com
FOOD VENDOR APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Type of Food _____

Vendor Fee- \$50.00

Electricity if Required – additional \$10.00

Please indicate any electricity requirements ___110 volts ___220 volts

(We have limited electricity and cannot guarantee electricity for everyone. Please commit early!)

**ALL FOOD VENDORS MUST HAVE SCOTT COUNTY HEALTH DEPARTMENT CERTIFICATION
(276) 386-8002 OR JEANETTE.DUNCAN@VDH.VIRGINIA.GOV**

Set-up time will be Friday, May 24 at 1:00 pm and/or Saturday, May 25 starting at 8:00 am unless other arrangements are made. Vendors are responsible for their own set-up. We **do not** provide tents, tables, chairs or electrical cords. Festival will be held rain or shine – no refunds. All spaces will be assigned by the festival organizers. We will try to accommodate everyone's special requests.

As a vendor wishing to participate in Nickelsville Days, I (we) agree to SAVE, HOLD HARMLESS and INDEMNIFY the Town of Nickelsville, Nicklesville Planning Commission/Nickelsville Days Festival Committee, its sponsoring agents, members, employees and volunteers from any and all liability or responsibility, including reasonable attorneys' fees, arising out of the activities and display and related activities at the festival, whether by applicants, its agent employees or customers, invitees, or business visitors. Applicant further agrees that neither the Town, Planning Commission, Committee, its sponsoring agents, members, employees and volunteers shall be in any way, manner or amount responsible for the theft, damage, or destruction to applicant's merchandise or equipment on site, howsoever arising.

I, the undersigned, agree to abide by the rules and regulations set forth in this application. I agree to consider this application a commitment to show and realize that no refunds will be made for cancellation after acceptance.

Signature_____Date_____

APPLICATION FORM AND FEE MUST BE RECEIVED BY APRIL 30, 2019.

**Make Checks Payable to:
Nickelsville Planning Commission**

**Return to: Nickelsville Planning Commission
Attn: Pam Finch
P.O. Box 235
Nickelsville, VA 24271**

**Contact Info: Pam Finch
276-479-1552
finch0402@gmail.com**