FOOD VENDOR APPLICATION
MAY 27 – 29, 2016

Dear Food Vendor:

The dates for the Iris Festival will be May 27-29, 2016. We are looking forward to your participation this year. Please read over the policies listed in this application carefully.

POLICIES FOR FOOD VENDOR

1. **All vendors** wishing to participate in the Iris Festival must return this application to the Iris Festival Commission no later than March 30th. All applications will be reviewed and a decision made by April 10th**.** **Return to us in your application a check for the amount in full payable to the Iris Festival, a photo of your trailer with measurements, a full menu with prices (see attachment) and a letter size self addressed stamped envelope.** If you have any questions call (803) 436-2640 or 1-800-688-4748 between 9:00 am and 4:00 pm Monday – Friday.
2. **All Vendors** are approved by the Commission and are responsible for obtaining a business license from the City of Sumter. To obtain this license, call (803)774-1601. The license fee is **$25.00**. *Even if you have a business license for other places, **you must have a Sumter business license** to sell at the Sumter Iris Festival.*
3. **Mobile homes** (**campers**) will **not** be permitted or allowed on the premises of Swan Lake Gardens, including all festival parking areas. Even if you use the camper to pull the vendor wagon it is not permitted on the Garden grounds.
4. **Vendors set up starting at 9:00 am till Noon, Thursday, May 26.**
5. You must be set up and ready to serve your products by 10:00 am on Friday, May 27. **All vehicles must be out of the gardens parking lots by 10 a.m. You can not enter the Vendor locations to restock anytime during the Festival after set up on Thursday.**
6. **Any Vendor missing set up time will forfeit your Space. No set ups other than Thursday 9:00 a.m. till Noon.**
6. **Only Coke products and water may be sold. The Commission must approve all beverages, including smoothies and lemonade.**
7. **South Carolina Department of Health and Environmental Control** will inspect and permit each vendor. You will also be checked **for Sumter Business License at this time.**
7. **A full menu with prices must be displayed at all times.**
8. **No Alcohol** is allowed on the Grounds.
9. **Animals or pets are NOT ALLOWED except for documented service animals.**
10. **Vendors can only sell inside their Vendor space**
11. **Signage can only be displayed in Vendor space no banners or signs can be located in other areas of the Gardens.**
12. **Only one vehicle will be allowed per Vendor.**
13. **Only one unit per vendor space (if you have a trailer you can not set up a tent also)**
14. **Absolutely no Refunds.**

FOOD VENDOR APPLICATION FOR 2016 IRIS FESTIVAL
RETURN COMPLETED APPLICATION TO:
IRIS FESTIVAL COMMISSION
P. O. BOX 1802
SUMTER, SC 29151-1802

The Iris Festival is held at the world-famous Swan Lake Iris Gardens located at 822 West Liberty Street. The Swan Lake Visitors Center's phone number is (803) 436-2640.

PLEASE PRINT ALL INFORMATION

NAME OF VENDOR_____

NAME OF BUSINESS_____

MAILING ADDRESS_____**e-mail** _____

TELEPHONE #_____**Cell** _____

VOLTAGE REQUIRED: _____110v _____amps _____220v _____amps
ALL VENDORS MUST GIVE A DETAILED DESCRIPTION OF POWER VOLTS & AMPS.
IF THIS IS NOT COMPLETELY FILLED OUT, YOUR APPLICATION WILL BE RETURNED.
(SEE ATTACHMENT FOR DETAILED ELECTRICAL INFORMATION)
WITH 110v 20 Amps--$400.00 each____ 110v more than 20 Amps-$425.00___220V--$500.00____
EACH SPACE IS 20 x 12 WATER IS AVAILABLE, BUT NO DRAINAGE.

AMOUNT ENCLOSED $_____

Insurance Information ___ I have insurance Please include the Iris Festival/City of Sumter as additional insured
Insurance policy information enclosed.
The undersigned hereby indemnifies the Sumter Iris Festival Commission, the City of Sumter, Sumter County and subsidiaries, and their affiliates in the event of loss or damage to goods and/or personal injury. Undersigned also understands that there are no refunds, and agrees to abide by all rules of the event.

I UNDERSTAND AND AGREE TO ADHERE TO ALL POLICIES LISTED ON THE APPLICATION, PLEASE SIGN AND DATE. THE COMMISSION RESERVES THE RIGHT TO ASK ANY VENDOR THAT DOES NOT FOLLOW THE POLICIES TO LEAVE (NO REFUND). PLEASE KEEP THE LIST OF POLICIES.

_____ _____
Signature **Date**

NO APPLICATION WILL BE CONSIDERED WITHOUT THE FOLLOWING: CHECK, PHOTO, ELECTRICITY REQUIREMENTS, MENU AND STAMPED ENVELOPE.

VENDOR LOCATIONS AND MAP WILL BE ENCLOSED IN CONFIRMATION LETTER.

VENDOR ELECTRICAL REQUIREMENTS

IN AN EFFORT to provide electrical services needed, all vendors will be required to submit the following information with their vendor application:

The name of all devices requiring electricity, along with voltage and amperage ratings. This includes, but is not limited to the following: freezers, toaster ovens, coffee pots, fans, lights, deep fryers, steamer ovens, microwaves, electric grills, sound equipment, bun warmers, hot dog machines, crock pots, warming lamps, etc. Therefore, if a device requires electricity, please list all of the required information.

If you have a generator please bring it with you. We do not guarantee power at all times.

The NEC Code requires that every piece of electrical equipment made shall have a name plate on it with these requirements. So please comply. **Failure to comply will mean no power will be furnished to the equipment.**

VENDOR NAME _____

POWER NEEDED: 110v (20 amps) _____ or 220v _____

Electrical Device	**Voltage**	**Amperage**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

THIS FORM MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE CONSIDERED

Notes:

1. **Remember, if an item is not listed, then no power will be provided for it. Our power source has its limitations and will be distributed to everyone within reason, according to the listed item(s) only and the power available.**
2. **Vendors shall provide their own extension cords as needed and sized to accommodate our receptacles. Please bring your generator for backup power.**
3. **The City will not connect power to any homemade electrical devices.**
4. **All electrical panels shall be locked and no vendor shall be allowed to enter one for any reason!**
5. **There shall be no direct connection to any breaker in any electrical panel, without approval from the City's Master Electrician. Anyone doing so shall bear the liability for any and all unfavorable results that should occur from these actions.**
6. **Attached are diagrams of female receptacles that we provide and if your plug will not fit properly, then you must obtain an adaptor.**
7. **Please remember to forward this form back with your application.**
8. **If you require an excessive amount of power, you will NEED TO FURNISH YOUR OWN GENERATOR! Please note this in your comments.**
9. **Applicants hereby indemnify the Iris Festival Commission, the City and County of Sumter, Market Place Committee and their members, subsidiaries and affiliates in the event of loss or damage to goods and/or personal property.**

Comments:

_____

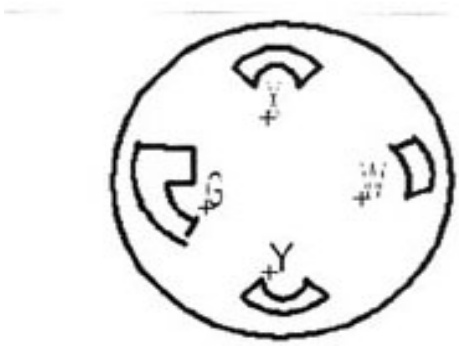
_____

_____

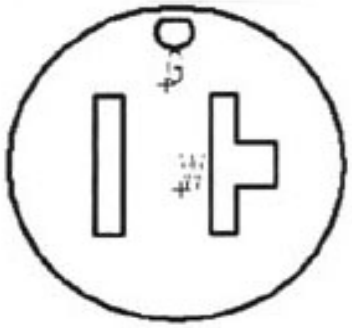
_____

_____

_____



L14-30R Twistlock Female Receptacle
30 Amp 240Volt but only good for 24 Amps
by authority of NFPA & NEC



5-20R Straight Blade Female Receptacle
20 Amp 120 Volt but only good for 16 Amps
by authority of NFPA & NEC

CITY AND COUNTY OF SUMTER
BUSINESS LICENSE DEPARTMENT
Mailing Address: P.O. Box 1449, Sumter, SC 29151
Physical Location: 12 W. Liberty St., Sumter, SC 29150
Phone: (803) 774-1601 Fax: (803) 774-1688

APPLICATION FOR PROFESSIONAL LICENSE

CLASSIFACTION CODE/CONTROL NUMBER: 5812-1I /N/A

Mailing Information:
Mailing Name: _____
Mailing Address: _____
_____
_____

Phone Number: _____
Federal Tax ID#: _____
Officer of Firm: _____

Business Information:
Business Name: _____
Location Address: _____
_____
_____

Emergency Information:
Name: _____
Mailing Address: _____
_____
_____
Phone Number: _____

ESTIMATED GROSS AMOUNT FOR EVENT: _____
EVENT LOCATION:_____

First $2,000 ……. $ 25.00 PLUS
Over $2,000 ……. $ 1.00 per thousand thereafter.

Total License Fee Due: $ _____

This is to certify that the above is a true statement, and that this report corresponds with the records of the business and with the report of same filed or to be filed, for the corresponding period with the South Carolina tax Commission or Insurance Commissioner. I understand that the City/County Ordinance provides for penalties and license revocation for making false or fraudulent statements in the applications and that an authorized agent of the Business License Department may examine and audit the books and records of the applicant, including federal income tax records.

_____ _____ _____
SIGNATURE **TITLE** **DATE**

In order to insure proper credit to your account, You must return this prepared application. Please Verify all information listed, before completing the Application.

ALL CONCERNS ARE SUBJECT TO AUDIT: REPORTED AUDIT: REPORTED GROSS SUBJECT TO VERIFICATION WITH INTERNAL REVENUE SERVICE.

_____
REMITTANCE MUST ACCOMPANY APPLICATION

A PENALTY OF 5% PER MONTH WILL BE ADDED FOR NONPAYMENT BEGINNING FEBRUARY 16TH (CITY)/MARCH 16TH (COUNTY)