CedarBluffHeritageFestival-3rdSaturdayinSeptember

ARTS & CRAFTS, RETAIL VENDOR APPLICATION FORM

(Application Deadline August 31st)*

ARTS & CRAFTS, RETAIL VENDOR FEES:

____ Vendor Space $75.00 for EACH 10ft Square Space

____ Non-Profit Organization $50.00 for EACH 10ft Square Space

____ Electricity Access $20.00 for EACH Outlet

____ Personal Generator ----- **INVERTED GENERATORS ONLY, ALL OTHERS WILL BE SHUT OFF**

No. of Spaces Requested:_____ Electricity Access:_____ Total Amount Due: $_____

Space No. Last Year:_____ (if applicable)

*Vendors are welcome to sell hand crafted or retail items. However, only second-hand items that have been RESTORED or REPURPOSED will be allowed. **All items for sale are subject to the Festival Committee's approval**. Any yard-sale items, and any items found offensive in anyway will be prohibited. Please provide a brief description of items sold (may include photos). The primary focus of the Heritage Festival is to showcase local and participating artisans.
Description of item/s or website: _____

Mail/Submit- completed application with payment to: Cedar Bluff Heritage Festival
PO Box 308, Cedar Bluff, VA 24609

Contact - Information:
website: cedarbluffheritagefestival.com
email: cedarbluffheritagefestival@gmail.com

Call: 276-701-3573 For Arts & Crafts, Retail vendor information

Registration Form MUST be submitted and accompanied with payment (check, Money Order). made payable to Cedar Bluff Heritage Festival, INC . There will be a $45 charge for returned checks.

*** No Applications will be accepted at the Cedar Bluff Town Hall, or any other Cedar Bluff Bussinesses**

Vendor's Name:_____ Business Name: _____

Address: _____

Phone Number:_____ Email Address:_____

I understand that I am responsible for any loss, injury, or damage to me and/or my property and I must abide by all applicable laws and regulations, both statutory and otherwise. No Refunds for any reason.

Print Name: _____ Signature: _____ Date: _____

Cedar Bluff Heritage Festival, INC Use ONLY – DO NOT Write in this Space:

Date Received:_____ Payment Method:_____ Space Assigned:_____