



VENDOR APPLICATION FOR FABULOUS FRIDAY

Please acknowledge acceptance of terms by initialing each line. If you agree with the terms stated above, please fill in the information below and fax your application to 800.845.2238.

I _____ (print your name) understand and accept the following:

- _____ The price of a vendor table for non-food items is \$75.00 and \$5 for a seasonal license, for a of total \$80.00.
- _____ If I am selling food items, the price of a vendor table is \$150.00.
- _____ I will need to provide a copy of my Million Dollar insurance policy.
- _____ I need a Sumter County Seasonal Business License that costs \$5 unless I have a Sumter County Business License. I need to download the application from www.CleanNight.com and fax it to 800.845.2238 once completed. This license must be displayed during the event.
- _____ I am only allowed to distribute, sell, and display approved items. No lewd items, weapons, anything provoking violence, or counterfeit products allowed.
- _____ Only I will be admitted free. Anyone accompanying me will have to purchase a ticket.
- _____ I will have to be at the venue no later than 6:30 and be completely set up by 7:15. The table must be decorated in a professional manner, which includes a table cloth (plastic not allowed). The size of the table may vary.
- _____ I may not approach guests to procure sales or interfere with the show in any way.
- _____ I must keep my space clean and presentable and remove all items and trash prior to departure.
- _____ If I do not behave in a respectable manner, I may be asked to leave and will not receive a refund.
- _____ I will notify a FAB representative if there are any questions or concerns regarding me during the event.
- _____ CNe nor anyone in the company is responsible for the behavior of anyone during the event. They may not be held liable for any damage, lost, stolen or mishandling, etc. of any of my belongings. It is my responsibility to purchase insurance and to protect my items.
- _____ My payment must be cleared 12 days before the event date. I may pay at www.Cleannight.com.

Date _____ Event Date _____ Cell Phone _____ Business Phone _____

Your Name _____ Business Name _____

Address _____ City _____ State _____ Zip _____

Business License City _____ Website _____ Email _____

Type of business and product _____

Items you want to sell _____ Information you want to distribute _____

Signature of applicant: _____ Date _____

FOR OFFICE USE ONLY

Approved by: _____ Date applicant notified: _____