## Vendor Application

Taste Of The MarshWalk

Event Dates: 1/26/19-1/27/19

Contact christina@bantonmedia.com or at (843)-299-1221



for more	information.				
Contact Information					
Business Name:					
Address:					
Phone Number:					
Email/Business Website:					
Business Information	1				
What do you intend to sell specifically for Taste Of The MarshWalk?					
Equipment					
What will you bring with you? (Check all that apply) table chairs tent (please list size)					
Please list any other equipment:					
Agreement and Signature					
my permits, business licens derstand that all vendor spa	ion, I affirm that the facts set forth in it are true and complete. I understand that se and insurance are my responsibility not The Murrells Inlet MarshWalk. I unaces are first come, first serve upon payment and application and that NO REstated the event. I certify that I agree to and will comply with all stated rules to me.				
Name (printed):	Date:				
Signature:					
sexual preference, age or disal	alk to provide equal opportunities without regard to race, color, religion, national origin, gender, bility to each vendor. Please be advised that this is our 3rd annual event and, as to be expected, staff will work tirelessly to ensure that this a successful event for you and your business. Patience				

Payments will be accepted in Check or Cash form.

## MAKE CHECKS PAYABLE TO: MI MARKETING

\*If you wish to request a specific location a \$25 additional fee will be added to your space price\* \*All vendor spaces are permitted for ONE vendor\*

Thank you for completing this application form. We look forward to a successful event.

Check-In Information	L			FOR OFFICE USE ONLY	
Business Name:					
Time of Arrival:					
Paid:	Check:	Cash:			