

Vendor Application

Taste of The MarshWalk Event Dates: 1/25/20-1/26/20

Contact Christina Burzler at gotinab@gmail.com or at (843)241-5120 for more information.

Contact Information			
Business Name:			
Address:			
Phone Number:			
Email/Business Website:			
Business Information			
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			
By submitting this application, I affirm that the facts set forth in it are business license and insurance are my responsibility not The Murrells are first come, first serve upon payment and application and that NO I that I agree to and will comply with all stated rules and regulations pr	inlet Marsh REFUNDS are	.Walk. I under e given if I can	stand that all vendor spaces
Name (printed): Date:			
Signature:			
It is the policy of the MarshWalk to provide equal opportunities without regard to race, disability to each vendor. Our staff will work tirelessly to ensure that this a successful experience of the policy of the MarshWalk to provide equal opportunities without regard to race, disability to each vendor.			ender, sexual preference, age or
*Payments will be accepted in Check or Cashier Check form. *MAKE CHECKS PAYABLE TO: MI MARKETING *PLEASE EMAIL APPLICATION TO GOTINAB@GMAIL.COM AND MARSHWALK C/O CHRISTINA BURZLER P.O. BOX 1645 CONWA			MURRELLS INLET
Each vendor space fee is \$175 for this event. *If you wish to requadded to your space price* *All vendor spaces are permitted for Thank you for completing this application form. We look forward	ONE vendo	or*	
Check-In Information FOR OFFICE USE ONLY			
Business Name:			
Time of Arrival:			
Paid: Check: Cash:			