

BACK TO BEGINNINGS:  
**Heritage Days 2009 August 8th & 9th**  
The Scituate Chamber of Commerce

## FOOD & BEVERAGE VENDOR APPLICATION

Food and manufactured goods will be limited to the Marketplace Areas. Space is limited, so reservations must be made to guarantee your space. **Please do not call the Town Hall!** Any additional questions contact: **781-545-4000** or visit [www.scituatechamber.org](http://www.scituatechamber.org). You may also contact: Marcia Robitaille at **781-267-5336** or email [egyptcountrystore@comcast.net](mailto:egyptcountrystore@comcast.net)

- Date:** August 8th & 9th , Rain or Shine  
Check in time is from 6:30am -7:30am on both days. All participants **MUST** check in at the Chamber Booth at the intersection of Front St. & Otis St. Front Street will be closed to all traffic promptly at 7:30, so vehicles must be unloaded and parked elsewhere by 7:30. All tents and displays must be removed on Saturday between 4pm and 4:30pm and set up again on Sunday morning between 6:30am- 7:30am
- Cost:** **275.00** 10 x 10 area or **395.00** for 10'x 20' area, **after June 1st add \$20.00 late fee** (refunds **ONLY** for artisans not selected)
- Deadline:** All participants are required to bring their own tents, tables & chairs  
Food Vendors Deadline **June 1st** add additional \$20.00 after June 1st  
(Limited amount of space for Toys, T-shirts, Manufactured Goods and Fund-raisers)
- Details:** All areas are outside and no power or water is available.  
Food vendors are required to have insurance and BOH ServSafe or equivalent.  
Accepted applicants will receive full details, rules, regulations and instructions.

### Food & Beverage Vendor: due by June 1st

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Type of Food - Please be specific as possible! \_\_\_\_\_

**Payment:**  Check Enclosed  MasterCard  VISA  American Express

**Booth Type:**  **\$275.00** Single 10' x 10  **\$395.00** Double 10' x 20'  add **\$20.00** Late Fee After June 1st

NAME \_\_\_\_\_

CARD # \_\_\_\_\_ 3 numbers from back of card \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Mail to: SCC, PO BOX 401, Scituate, MA 02066