

**Charlestown Seafood Festival**  
**“Voted Top 100 Event in North America for 2008”**  
**PO Box 633 Charlestown, RI 02813**  
**Seafood Festival Hotline (401) 364-3878**  
**Always the First Weekend in August \*Est. 1985\***  
**Ninigret Park, Charlestown, RI**

## FOOD VENDOR APPLICATION

Vendor Application: 34<sup>th</sup> Annual Seafood Festival; August 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> 2018.

Please complete this form and return it to us with your copies of Certificate of Insurance, Permit to make Sales at Retail, Health Department Certificate and payment. No space assignments will be made until all fees are paid in full.

Please **print** the information below:

**Business Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip Code:** \_\_\_\_\_

**Products you wish to sell. Be Specific. Only products listed here will be allowed.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please designate type of space requested:

# _____ 10' Non-Electrical Space @ \$725.00	Total _____
# _____ 10' Electrical Space @ \$925.00 Amps needed _____	Total _____
# _____ 20' Non-Electrical Space @ \$900.00	Total _____
# _____ 20' Electrical Space @ \$1100.00 Amps needed _____	Total _____
# _____ 10' Tent Rental additional \$150.00	Total _____
# _____ 20' Tent Rental additional \$300.00	Total _____

**One Half (1/2) of vendor fees are due with this application on or before May 1<sup>st</sup>; the balance is due, IN FULL, by July 1<sup>st</sup>. THERE WILL BE NO EXCEPTIONS.**

Please make checks payable to Charlestown Chamber of Commerce Seafood Festival.

\$ \_\_\_\_\_ Total submitted May 1, 2018                      \$ \_\_\_\_\_ Total due July 1, 2018

Total length of vehicle or display including hitch, awning, etc. \_\_\_\_\_

Signature: \_\_\_\_\_

Fax (401) 364-8794, E-Mail: [heatherpaliotta@earthlink.com](mailto:heatherpaliotta@earthlink.com) Website: [www.charlestownrichamber.com](http://www.charlestownrichamber.com)

**FOR OFFICE USE ONLY**

Application Date	Health Cert.	Amount
Space Size	Insurance Cert.	Balance
Row	Elec.	Volts
Tent	Date Rec.	Amps
Tax Permit	Payment	