



Vendor Registration Form

May 27-30, 2011

www.townofatlanticbeachsc.com

For Office Use Only

Amt. Received _____

Method of Pay: CASHIER'S C MO

Date Processed _____

Receipt # _____

Vendor Space# _____

Received by _____

Please check appropriate box

Proof of Liability Insurance Yes No

Proof of Rental Yes No

Please fax application to 843-663-0601 or mail to the address below:

Vendor Registration, c/o Bike Fest, Town of Atlantic Beach, 717 30th Avenue S. Atlantic Beach, SC 29582

Business Name _____ Contact Person _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Cell Phone _____ Fax _____

Email _____ Have you participated before? _____

Vendor Specifications

Please indicate your unit type and location below.

Unit Type Tent Trailer Push Cart Other _____

Unit Size Frontage _____ feet Depth _____ feet Height _____ feet

Please fill out South Carolina Department of Revenue Business Tax Application and return with your application.

VENDOR FEES - Please place an X at the box for the permit type you are applying for.

Permit Type	Paid by 4/1/2011	Paid by 5/1/2011	Paid by 5/15/2011	Paid by after 5/15/2011
Liquor	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$3,000
Beer/Wine	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,650
Food	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,250
Retail	<input type="checkbox"/> \$700	<input type="checkbox"/> \$775	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Agent	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Super Permit	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$3,750	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$4,250

(All of above permits)

TOTAL: _____

The total amount due **MUST** be paid at time of application. Payments must be made by certified check or money order. By signing the Vendor Registration Form, vendor accepts ALL conditions outlined in the Atlantic Beach Bike Fest 2011 Vendor Policies and Procedures.

ALL FUNDS ARE NON REFUNDABLE

THE TOWN OF ATLANTIC BEACH HAS THE RIGHT TO REVOKE THE VENDOR LICENSES OF ANY VENDOR FOR ANY REASON AT ANY TIME.

COUNTERFEIT MERCHANDISE IS PROHIBITED

Vendor agrees to indemnify and save The Town of Atlantic Beach and its officers, employees, and agents, harmless from and against all costs, expenses, liabilities, losses and damages, injunctions, suits, actions, fines, penalties, claims and demands of every kind or nature, including reasonable attorneys' fees, by or on behalf of any person, party or governmental authority whatsoever arising out of (a) any failure by Vendor to abide by the conditions of its Vendor Permit, (b) any accident, injury or damage which occurs during the Bike Fest, however occurring, (c) any matter arising out of the condition, occupation, maintenance, alteration, repair, use or operation of its vendor space or any part of it, (d) the contest or challenge by Vendor of any regulation or imposed tax, assessment, or other charges, or (e) any other matter arising from or relating to Vendor's occupation or use of its vendor space.

Signature _____

Date _____