

**Clinch River Days Festival**

**June 2<sup>nd</sup> and 3<sup>rd</sup>, 2023**

**St. Paul, Virginia**

**[www.ClinchRiverFest.com](http://www.ClinchRiverFest.com)**

**FOOD VENDOR APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

DESCRIPTION OF BOOTH ITEMS: \_\_\_\_\_

**BOOTH FEE INFORMATION:**

\_\_\_ Food Vending Fee is \$300.00 for full festival which includes water & electricity

\*Please indicate length of food vending R, Trailer or Booth \_\_\_\_\_ \*

\_\_\_ Non-Profit Organization is \$75.00 which includes water & electricity

\*All food vendors must have VA Health Dep. Certification & completed application.\*

Please indicate any electricity requirement: \_\_\_110 \_\_\_220 \_\_\_Amps (Please include)

**\*\*Please bring your own long heavy duty extension cords to plug into our power\*\***

**\*\*Please bring a health department approved white water hose to connect to our water\*\***

Applicants, its employers, employees, and agents do hereby and hereafter release and relieve, and agree to indemnify the Clinch River Days Festival Committee, St. Paul Tomorrow, Inc., and the Town of St. Paul, Virginia, its members, agents, sponsors, affiliates, servants, employees, of and from all manner of claim, damage suite, judgement decree, cost, expense and injury, personal or property, howsoever arising whether at law or in equity arising out of the activities, and display and related activities at the festival, whether by applicants, its agent employees or customers, invitees, or business visitors. Applicant further agrees that neither the committee, Clinch River Days Festival Committee, St. Paul Tomorrow, Inc., or the Town of St. Paul, Virginia shall be in any way, manner, or amount responsible or the theft, damage or destruction to applicant's merchandise or equipment on site, howsoever, arising.

I, the undersigned, agree to abide by all rules and regulations set forth in this Clinch River Days Festival Application. I agree to consider this application a commitment to show and realize that no refunds will be made for cancellation after acceptance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE COMPLETED FORM & FEE MUST BE RETURNED NO LATER THAN MAY 3, 2023  
DUE TO HEALTH DEPARTMENT REGULATIONS & REQUIREMENTS.**

**Return to: Suzy Harrison  
Post Office Box 818  
St. Paul, Virginia 24283  
(276) 762-5544 (Office) (276) 393-1718 (Cell)  
[sph@crpate.net](mailto:sph@crpate.net)**

**\*We suggest that you bring weights/cinderblocks for each leg of your tent in case of high wind.\*\***