



Festival Underwriter

Last Updated: July 21, 2020



RETAIL, BUSINESS OR NONPROFIT APPLICATION

Date: _____ Email: _____

Business Name: _____ Phone: _____

Contact Name: _____ Website: _____

Mailing Address: _____ City, State, Zip: _____

Check Here	CATEGORY <i>Vendor type and rate will be at the discretion of the GDCC and the Apple Harvest Day committee</i>	STANDARD FEE
	Merchants in Festival Footprint Address must be located in festival footprint. Contact Chamber with questions	Call Chamber for Rate Details 603-742-2218
	Non-Profit Organization – 501c3 (limited availability – Priority given to Dover organizations TIN #: _____)	\$215
	Retail / Business Services Includes commercial and manufactured items	\$345
	Chamber Member Discount – 25% Subject to verification – must be current member in good standing	
	TOTAL FEE	\$ _____

Please give a short description of your business for the website. Please include your social media pages (if applicable). If you would like to do a live demonstration on October 3, 2020 please make a note of that in this section.

Signature of Applicant

Name (Please Print)

Date

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Apple Harvest Day Rules & Regulations

Please initial each item to confirm you have read and understand

Vendor Registration Policy

- Vendor spaces are not final until a completed registration form and payment are received.
- **There will be NO REFUNDS for this event for any reason.**
- Vendor type and rate will be at the discretion of the GDCC and the Apple Harvest Day committee.

Vendor Rules & Regulations

- **No guarantees** made with regard to product or industry exclusivity.
- **Gambling and games of chance are prohibited.** Raffles are allowed, but should be noted on application with type of raffle, date of drawing and contact person for any questions.

Please make checks payable to: GDCC

Send all required items to:

Greater Dover Chamber of Commerce

550 Central Ave, Dover, NH 03820

Questions? Call 603-742-2218 or email info@dovernh.org

Office Use Only

Date Received: _____

Paid by: Check # _____

Amount Paid: _____

Booth Assignment: ____N/A____

Signature of Applicant

Name (Please Print)

Date