



Festival Underwriter



## CRAFTER APPLICATION

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Check Here	<b>CATEGORY</b> <i>Vendor type and rate will be at the discretion of the GDCC and the Apple Harvest Day committee</i>	<b>STANDARD FEE</b>
	<b>Handcrafter or Artisan</b> Handmade items created by applicant	<b>\$140</b>
	<b>Food Crafter</b> Handmade, pre-packaged food not meant for on-the-spot consumption	
<b>Chamber Member Discount – 25%</b> Subject to verification – must be current member in good standing		
		\$ _____

**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

**CRAFTER APPLICATION**  
**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](mailto:info@dovernh.org)

**Office Use Only**

Date Received: \_\_\_\_\_

Paid by: Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Booth Assignment: \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date