



Scituate Chamber of Commerce • 781-545-4000
 info@scituatechamber.org • www.scituatechamber.org

2020 Scituate Heritage Days Food & Beverage Vendor Application

Saturday, August 8th & Sunday, August 9th
Rain or Shine

All Food and Beverage Vendors **MUST CLOSE** by 7:00pm SATURDAY and 6:00pm SUNDAY.
 We need to be all cleaned up, locked up and gone by 8:00pm SATURDAY & 7:00pm SUNDAY.

All **selected** vendors will receive notice of acceptance via email within 2 weeks. Once accepted, there are no refunds.
 The following foods may not be sold by Food vendors: Cotton Candy, Fried Dough, Fried Oreos
 Don't forget to include all awnings, hitches, signs, etc. in your space reservation; spaces are close together.

Before May 1		After May 1		After June 1	
\$499	10x10	\$550	10x10	\$599	10x10
\$825	10x20	\$875	10x20	\$925	10x20
\$1125	10x30	\$1225	10x30	\$1325	10x30
Add \$100.00 - 10x10 End only					

Scituate Chamber of Commerce members get a \$100.00 discount on their total reservation.

If you would like to join the Chamber visit scituatechamber.org

Applications are due by June 30, 2020

- All areas are outside and no power or water is available.
- Vehicles cannot be parked overnight except in designated areas.
- Board of Health Permits are required. For specifics, see online: Scituate Board of Health Temporary Food Application **Completed Board of Health permit application must be received by the Scituate Board of Health by July 1.** Non-compliance will result in no permit and forfeiture of your booth payment.
- Fire/Generator permits may be required. See Scituate Fire Department, Deputy Elliott for details.
- Event takes place rain or shine. No refunds.

If you have any questions, please email info@scituatechamber.org. *Do not contact Town Hall.*

- **List all menu items. Please be as specific as possible and attach at least one promotional photo of your set-up (ie., truck, booth). You may use the reverse and attach your menu.**

Name _____ Business Phone _____

Company Name _____

Address _____
Street Address

_____ State _____ Zip Code _____
Town/City

Email _____ Facebook _____

By submitting this application, I agree that I have read and understand the Heritage Days Rules and Regulations and agree to abide by said rules. I understand there are no refunds.

PAYMENT

PAYMENT TYPE: Check Credit Card Money Order

Name on Card: _____

Card #: _____ Exp. Date _____ CRV Code _____

Signature _____

Mail completed application to: Scituate Chamber of Commerce • Heritage Days • P.O. Box 401 • Scituate, MA 02066

Make checks payable to the **Scituate Chamber of Commerce**
You will be notified of your booth number no later than 48 hours before the event.
Booths are assigned on a first come, first served basis.