

SCITUATE

CHAMBER OF COMMERCE

PO BOX 401 - SCITUATE, MA 02066

HERITAGE DAYS FESTIVAL AUGUST 5th & 6th, 2017 ARTISAN & MARKETPLACE APPLICATION

DATE: AUGUST 5th & 6th, 2017 - Rain or Shine
DEADLINE: APPLICATIONS ARE DUE MAY 31. NO REFUNDS.
After deadline, add a \$50 late fee.
Scituate Chamber members receive \$100 discount!

NOTE: There is limited space for vendors. Therefore, all applications are subject to acceptance by the Heritage Days Committee. Each type of vendor will be chosen based on date of application, space available, and the quality of the applicant. Decisions of the Heritage Days Committee are final. Board of Health and Fire Department permits are the responsibility of the vendor. Please check for requirements.

APPLICANT INFORMATION *(please print clearly)*

Type: Artisan Crafter Retail Product

Name: _____

Business Phone: _____

Company _____

Cell Phone: _____

Address: _____

Email: _____

City

State

Zip Code

Website: _____

Type of Art/Craft/Product: _____

**** Be as specific as possible. Please attach a photo of your primary product to this application.
Contact the Chamber with any questions.*

2017 Pricing: Booth spaces are all 10' x 10' square unless otherwise specified by the Chamber of Commerce. Corner spaces require a separate check (returned if not available), and are given out on a "first paid, first served" basis. Overnight Booths can be left standing overnight; security is on site 8PM-8AM. **Rain or Shine. No Refunds.**

**** NOTE: All vendors are responsible for their own products. The Chamber of Commerce and the Town of Scituate are not responsible for loss or theft of any kind.*

CIRCLE ONE BOOTH TYPE *(One request per application)*

CATEGORY ON MAP	2017 BOOTH CATEGORY <i>(Saturday sales times listed, Sunday is 9-5)</i>	10'X10' BOOTH	DOUBLE BOOTH	TRIPLE BOOTH
A	Overnight/Cole Parkway (9AM-8PM)	\$475	\$799	\$1,100
B	Non-Overnight/Front Street (9AM-5PM)	\$350	\$595	\$840
CORNER	Corner Premium	+\$50	+\$50	+\$50
LATE	Late Fee (After June 1)	+\$50	+\$50	+\$50

Scituate Chamber of Commerce members take \$100 off!

PAYMENT TYPE: Check Credit Card Money Order

Name on Card: _____ Amt. Enclosed _____

Card #: _____ Exp. Date _____ CRV Code _____

Signature _____

Mail completed application to: Scituate Chamber of Commerce, P.O. Box 401, Scituate, MA 02066
Questions? Call 781-545-4000 or email info@scituatechamber.org • www.scituatechamber.org