Food Concessions

Application & Participation Agreement

Due: Wednesday, March 9, 2016 by 4:00 PM

Harrison R. Chapman, Manager

Phone: (843) 724-7309 & Fax: (843) 720-3967

ChapmanH@Charleston-sc.gov or FarmersMarket@Charleston-sc.gov

Each Saturday, April 9th through November 26th with additional opportunities to participate on Sundays during the Piccolo Spoleto Festival in May and June as well as Saturdays and Sundays for the Holiday Market in December, Marion Square becomes the community gathering place where residents of the Lowcountry and visitors alike are able to celebrate and enjoy a wide variety of locally inspired cuisine, including prepared, made-to-order options as well as packaged food products.

Contact Person:	Title:	
Business Name:	Year Est	ablished:
Address(Kitchen):		
City/State/Zip:		
Property Owner (Kitchen):		
Contact Person (Kitchen):	Phone #: _	
Address (Residence):		
City/State/Zip:		
Daytime #:	Evening #:	
Email:	Website:	
Electrical Power Needs & Reason:		
Brief description of goods (i.e. "local produ	uce" or "baked goods"):	

List products in order of priority for which you would like to be considered to sell. Exclusivity is not guaranteed at the CFM. (Only approved items which have been provided to CFM Management can be sold at the CFM and all additional items must be approved by CFM Management prior to being sold at the CFM): Be Specific.* Use a separate sheet of paper if necessary *Returning Vendors must specify products not previously approved
#1 Product:
2:
3:
4:
#5:
#6:
Other:
Vendor Statement Why you want to participate and how your business will add value to the CEM
Why you want to participate and how your business will add value to the CFM

2016 CFM Food Concessions

VEND	OR CERTIFICATION	
	I have read, understand , and agree to comply with the 2016 CFM Vendor Manual including; Rules & Regulations and On-Site Operation Guidelines	
	I reside and operate my business; East of I-95 to Atlantic Ocean and within SC borders	
	I understand the violations and sanctions, including suspension and disqualification	
	I understand selling privileges can be revoked by the City of Charleston at any time	
	I understand that no Food Concessions vendor is guaranteed acceptance and is subject to review by the City of Charleston Office of Cultural Affairs	
	Food Concessions vendors that are accepted into the 2016 CFM will be notified by the City of Charleston Office of Cultural Affairs as soon as a decision has been finalized	
	I understand that a mandatory vendor meeting will be scheduled upon acceptance	
ITEMS	THAT MUST BE INCLUDED WITH YOUR SUBMISSION	
	Completed, signed 2016 Food Concessions Application & Participation Agreement	
	Full list of products intended to be sold at the 2016 CFM	
	Nonrefundable application fee; \$20 check or money order made payable to; City of Charleston	
	Full list of market places your products will be sold in 2016, including brick & mortar establishments	
ITEMS	THAT MUST BE SUBMITTED UPON ACCEPTANCE & PRIOR TO VENDING	
	2016 DHEC Certificate and/or SCDA-RVC (Registration Verification Certificate)	
	2016 City of Charleston Business License	
	Valid South Carolina Retail License	
	Certificate of General Liability Insurance; equal to or greater than; \$1,000,000.00	
partici Partici on site ensuri vendo space- partici	ity of Charleston Office of Cultural Affairs (OCA) invites eligible Food Concessions vendors to pate in the 2016 CFM in accordance with the guidelines and criteria outlined in this Application & pation Agreement. While we anticipate additional space constraints arising from construction projects adjacent to Marion Square and based on the park's overall capacity, the OCA remains committed to get the continuing success of this vital resource. We welcome submissions from Food Concessions from the 2015 season as well as eligible vendors who have not participated in past seasons on a available basis. While specific locations, a specific number of tents or a specific frequency of pation cannot be guaranteed, applicants may contact the CFM Manager at any time to discuss specific sor special needs.	
Signat	nre: Date:	

*Submit Completed Form & \$20 fee by 4pm on Wednesday, March 9, 2016 to:

Attn: Harrison R. Chapman City of Charleston – Office of Cultural Affairs 75 Calhoun Street, Suite 3800 – Charleston, SC 29401