

*Pick of the Piedmont Wine Festival*  
**NON-WINERY VENDOR APPLICATION**  
*October 24<sup>th</sup> & 25<sup>th</sup> 2009 11AM-5PM, RAIN OR SHINE*

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

Address: \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_ Email: \_\_\_\_\_

Product Description/Menu: \_\_\_\_\_

*Attach separate sheet if necessary*

*Applicants will be juried. Please include photos if you have not exhibited with us before.  
Only items listed on the application will be allowed. No sharing of booth space.*

**Please check which of the following spaces you would like to reserve:**

\_\_\_\_\_ *I will bring my own 10' x 10' tent (tables and chairs not included). Cost: \$150.00.*

\_\_\_\_\_ *I am a food vendor and will participate in the Wine Festival Food Court. Cost: \$200.00.*

**Tables and chairs may be rented this year:**

- *I would like to rent \_\_\_\_\_ 30" x 90" banquet tables at \$25.00 ea or \_\_\_\_\_ chairs at \$5.00 ea.*
- *I would like to rent one table and two chairs for \$30.00.*

**TOTAL DUE:** vendor space \$ \_\_\_\_\_ plus tables \$ \_\_\_\_\_ plus chairs \$ \_\_\_\_\_ **EQUALS \$** \_\_\_\_\_

*My check # \_\_\_\_\_ is enclosed or MC/VISA/Discover/AMEX account number is*

\_\_\_\_\_ *Expiration date:* \_\_\_\_\_

*Name on Credit Card* \_\_\_\_\_

**Application Agreement**

Vendors will supply all materials for set up, sales, display and/or demonstration. Space allotted is at the discretion of the Event Coordinator. **NO electricity, ice or potable water is available on site.** Food vendors are required to obtain the proper permit from the Health Department & their number is 540-672-0223. The Festival reserves the right to deny participation without registration refund to any vendor who displays inappropriate items for this event. **Neither Wine Tasting nor Wine Glasses are included with this registration fee.**

*I have read and agree to the above criteria for the Pick of the Piedmont Wine Festival. I further agree that neither the Pick of the Piedmont Wine Festival, or the Orange County Chamber of Commerce or their representatives will be held responsible for any loss, theft, or injury.*

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

*For additional information call Carolyn Sharp at (540) 672-5216 or email occhamber@verizon.net.  
This application may be faxed to 540-672-2304. No email applications accepted.*

***Mail to: Pick of the Piedmont Wine Festival  
P.O. Box 146, Orange, VA 22960***