

2016 Taste of Florence Exhibitor Application

RESTAURANT

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Email: _____ Website: _____

CONTACT PERSON

Name: _____ Email: _____

Cell: _____ Fax #: _____

JUDGING

(Complete this section **ONLY** if you are entering items to be **JUDGED**.)

You may submit up to **three** entries. Please list the title of each entry that will be judged and circle the category in which it is to be entered (appetizer, entrée, or dessert). **

1. _____

Circle one: Appetizer Entrée Dessert

2. _____

Circle one: Appetizer Entrée Dessert

3. _____

Circle one: Appetizer Entrée Dessert

*** If you must make a change to any submitted food entry, contact the judging chairperson, Dana Fronzaglio, at 843-245-0078 by October 18, 2016 to make the needed adjustments.*

Application continued

- Please check the type of package desired:

Gold Package
(100% gross)

Silver Package
(75% gross)

Standard Package
(50% gross)

- Please check the size of booth needed:

Single: \$195

Double: \$300

Triple: \$400

- Choose booth location spot number(s) from map layout: _____

- Please check electric preference:

One 110-volt

Two 110-volt

Three 110-volt

220-volt (\$65 charge)

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Please make the check payable to: **The King's Academy**  
Please write in the memo line: **Taste of Florence**

Please submit the application along with other required forms by **October 6, 2016**.  
The application may be hand delivered or mailed to:

**The Taste of Florence Committee**  
Attn: Jennifer Hoover  
c/o The King's Academy  
1015 S. Ebenezer Road  
Florence, SC 29501

**In signing this form, the applicant agrees to have read all items enclosed in the Taste of Florence 2016 Restaurant Packet; understands and agrees to abide by all the rules and regulations, deadlines and obligations set forth by the Taste of Florence 2016.**

**Restaurant Name:** \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

A completed application must include the following items:

- Application form completed in its entirety by October 6, 2016
- Application fee for the entire amount according to booth requested and submitted along with the application
- SMG Vendor/ Exhibitor To Supply Outside Food Or Beverage Hold Harmless Agreement completed and signed
- Certificate of Liability which may be mailed separately

FOR OFFICE USE ONLY:

Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received \_\_\_\_\_

**2016 SMG  
VENDOR/EXHIBITOR  
TO SUPPLY OUTSIDE FOOD OR BEVERAGE  
HOLD HARMLESS AGREEMENT**

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Notwithstanding the issuance of a Vendor Permit by SMG Food & Beverage and The Florence Civic Center, Exhibitor understands and acknowledges that SMG Food & Beverage and The Florence Civic Center has no responsibility for the quality, preparation or storage of any beverages or food product to be sampled or dispensed by Exhibitor.

Exhibitor must comply with all laws, rules and regulations applicable to the purchase, storage, preparation and dispensing of the beverages and food products covered by this permit.

Exhibitor shall indemnify, defend and hold SMG Food & Beverage and the Florence Civic Center Commission and their respective officers' owners, directors, employees, agents and affiliates harmless from and against any and all suits, claims, liabilities, judgments expenses (including attorneys' fees and court costs), damages or losses, arising from the sampling, preparation, storage or dispensing of beverages and/or food products under the permit or at the show.

Exhibitor Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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



SMG  
Florence Civic Center  
3300 West Radio Drive  
Florence, SC 29501  
(843) 679-9417