Business/Organization:						
Contact Person:						
Address:						
City:	State	e:	Zip:			
Telephone:	En	nail Addr	'ess:			
Type of Display:Fo	od Vendor Craft Ver	ndor:	Other:	(A	LL must	explain
Food Vendors list all foods l	being served or attach a	menu to	this form			
Electric Needed: Yes	(each plug suppor		• • •	1103	7)	
No		rts 3 appl	Using Ow			
			•	n Ger	nerator:	
No	ulations and I agree:	REGIST Festival 1	Using Ow Signature (p)	n Ger	erator:	
No I have read the rules and regu PLEASE MAIL COMPLE	TED APPLICATION, Taylorsville Apple PO Box 87 Taylorsville, NC 2 tival Inc. and the Town	REGIST Festival 1 8681	Using Ow Signature (p RATION AND Inc.	n Ger lease s	ign) VN EVE	NT FEE
No I have read the rules and regu PLEASE MAIL COMPLE <u>ONE PAYMENT</u>) TO: *The Taylorsville Apple Fes	TED APPLICATION, Taylorsville Apple PO Box 87 Taylorsville, NC 2 tival Inc. and the Town prsonal property.	REGIST Festival 1 8681 of Taylor	Using Ow Signature (p RATION AND Inc.	n Ger lease s) TOV	ign) VN EVE	NT FEE
No I have read the rules and regu PLEASE MAIL COMPLE <u>ONE PAYMENT</u>) TO: *The Taylorsville Apple Fess injury, loss, or damage to pe	TED APPLICATION, Taylorsville Apple PO Box 87 Taylorsville, NC 2 tival Inc. and the Town prsonal property. eived by 04/08/18)	REGIST Festival 1 8681 of Taylor # DE WITH	Using Ow Signature (p) RATION ANE Inc. sville will not b Booths H FEE IF APPL	n Ger lease s TOV e resp X ICAB	ign) VN EVE vonsible f \$85 LE)	NT FEE
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