



**Town of Moncks Corner
Farmers' Market**

2015 Vendor/Exhibitor Application

Office Use Only		
Space #(s):	_____	
<input type="checkbox"/> Pavilion	<input type="checkbox"/> Grassed Spillover Area	
Payment Type:		
Yearly	Weekly	Seasonal
Approved By:	_____	
Date:	_____	

Business/Farm Name: _____
 Applicant's Name: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Check Vendor/Exhibitor Type:

- *Farmer Baker Food Processor Artist
 Musician Civic Association

***If you are a farmer, do you grow all of the produce that you sell?**

- Yes, I only sell produce that I grow myself
 No, up to 25% of the produce that I sell is purchased and resold

Please provide any preferences for booth location below:

Do you Accept (Circle All that Apply):

Debit Credit EBT/SNAP WIC (FMNP/SFMNP)

Please Circle Days Most Likely To Attend			
Full Seasonal Commitment	Oct.	Nov.	Dec.
Fall 2015 (Oct. 15 – Dec. 17)	15, 22, 29	5, 12, 19	3, 10, 17

Please list the items that you will be selling:

I am applying for vendor space in the 2015 Town of Moncks Corner Farmers' Market. By signing below, I agree to follow the Town of Moncks Corner Farmers' Market Vendor Standard Operating Guidelines as well as applicable local, state, and federal requirements. I have been provided a copy of the Town of Moncks Corner Farmers' Market 2015 Vendor Standard Operating Guidelines and Appendices, and I expressly agree to abide by all provisions contained therein.

Signature: _____ Date: _____

Applications may be submitted in person or mailed to:

Sara Anderson, Special Events Coordinator
 Town of Moncks Corner, 118 Carolina Avenue, Moncks Corner, SC 29461
 Phone: 843.899.4708; Fax: 843.719.7902; mcdepot@twm-mc.com
This institution is an equal opportunity provider and employer.

<p style="text-align: center;">PLEASE SEND PAYMENT WITH APPLICATION</p> <div style="text-align: center;">  <p>TOWN OF MONCK'S CORNER P.O. BOX 700 MONCK'S CORNER, SC 29461</p> <p>APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE</p> <p>FOR THE YEAR: _____</p> </div>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">LICENSE #:</td></tr> <tr><td>LICENSE FEE:</td><td>PENALTY:</td></tr> <tr><td colspan="2">TOTAL:</td></tr> <tr><td>CHECK #:</td><td>CASH:</td><td>CREDIT CARD:</td></tr> <tr><td colspan="2">DATE ISSUED:</td></tr> <tr><td colspan="2">STAFF INITIALS:</td></tr> <tr><td>CLASSIFICATION CODE:</td><td>RATE:</td></tr> <tr><td colspan="2">APPROVAL:</td></tr> <tr><td>PLANNING/ZONING:</td><td>DATE:</td></tr> <tr><td>FIRE MARSHAL:</td><td>DATE:</td></tr> <tr><td>BLDG OFFICIAL:</td><td>DATE:</td></tr> </table>	LICENSE #:		LICENSE FEE:	PENALTY:	TOTAL:		CHECK #:	CASH:	CREDIT CARD:	DATE ISSUED:		STAFF INITIALS:		CLASSIFICATION CODE:	RATE:	APPROVAL:		PLANNING/ZONING:	DATE:	FIRE MARSHAL:	DATE:	BLDG OFFICIAL:	DATE:
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Local Hospitality Tax Establishment: Yes No (2% local hospitality tax applied on prepared meals, food, and beverages)
Home Occupation: Yes No

PLEASE ANSWER ALL QUESTIONS. IF YOU NEED ASSISTANCE CALCULATING YOUR LICENSE, PLEASE CALL 843-719-7900 OR FAX 843-719-7902

1. NAME OF BUSINESS: _____	2. TYPE _____
3. BUSINESS OWNER: _____	4. FEDERAL ID/SSN: _____
5. MAILING ADDRESS: _____	6. BUSINESS PHONE _____
7. BUSINESS LOCATION: _____	8. TMS # _____
9. HOME ADDRESS: _____	10. HOME PHONE: _____ MOBILE PHONE: _____
11. DRIVERS LIC# AND STATE: _____	12. E-MAIL ADDRESS: _____
13. EMERGENCY CONTACT: _____	14. PHONE _____
15. PREVIOUS OWNER (IF APPLICABLE) _____	16. PREVIOUS USE _____

HAVE YOU EVER HAD A BUSINESS OR CONTRACTOR'S LICENSE REVOKED OR SUSPENDED BY ANY LICENSING AGENCY? YES NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A BUSINESS LICENSE IN ANOTHER CITY, COUNTY OR STATE? YES NO
IF YES, WHERE? _____

ANY TRADE REQUIRED TO HOLD A STATE LLR LICENSE AND/OR A RETAIL LICENSE MUST PROVIDE A CURRENT COPY OF THE LICENSE

STATE LICENSE # _____ RETAIL LICENSE # _____
OUT OF TOWN CONTRACTORS ONLY: JOB LOCATION(S) _____

****PEDDLERS ONLY:** JOB LOCATION: _____ DL/STATE# _____
(MUST SUBMIT A COPY OF DL AND REGISTER WITH POLICE DEPARTMENT BEFORE LICENSE WILL BE ISSUED.)
****BUSINESS LICENSE MUST BE CARRIED ON YOUR PERSON OR READILY AVAILABLE FOR INSPECTION BY AN OFFICER OF THE TOWN. FAILURE TO PRODUCE THE LICENSE IS A MISDEMEANOR, PUNISHABLE FOR UP TO \$500.00 FINE AND/OR 30 DAYS IN JAIL.**

*GROSS RECEIPTS \$ _____ (*OUT OF TOWN CONTRACTORS-PROVIDE IN-TOWN CONTRACT AMOUNT)
FROM BUSINESS OR PROFESSION TOTAL LICENSE FEE: \$ _____

RATE:/BASE \$ _____ \$0-2,000 PLUS _____ PER \$1,000 GROSS RECEIPTS _____ GROSS RECEIPTS IN EXCESS OF \$1,000,000.
For gross receipts in excess of \$1,000,000.00 please see attached chart for declining rates. (If chart is not attached please call for rate).

I (we) do hereby certify that the information given in this application is true. That the gross income is accurately reported or estimated for a new business without any unauthorized deduction, and that all assessments and personal property taxes due and payable to the Town have been paid. I understand that issuance of a Town business license does not relieve me of the responsibility of meeting all Town of Moncks Corner Zoning and Building Code requirements, and that I am subject to all provisions of the business license ordinance of the Town of Moncks Corner. I also understand and authorize the Town of Moncks Corner and its Agents to utilize all information on this application for the purposes of obtaining a business license and insuring that all other Federal, State and Local Laws are followed.

(Print) _____

(Signed) _____
(Signature of Applicant)

(Date Signed) _____

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE
RENEWALS ARE
DELINQUENT MAY 1ST
PENALTY APPLIED AFTER APRIL 30TH
5% PENALTY PER MONTH COMPOUNDED