

Your Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Number _____ Business Phone _____

Email Address (please print) _____

Retail License Number # _____ (provide copy of retail license)

(If you have questions about the license application or exemption ... see contact information below)

APPLICATION WILL NOT BE ACCEPTED UNLESS WE HAVE RETAIL LICENSE ON FILE.

Description of CRAFT: _____

Special Needs or Request _____

(unfortunately we cannot provide help with setup or loading/unloading - no electricity available) - **We are not able to guarantee ANY particular space but I will try and honor request as much as possible.**

of spaces _____

Do you have a canopy? Circle: Yes / No

Type of vehicle you will have: Car Truck Minivan SUV Truck w/trailer (length _____)

Signature _____ Date _____

Make check payable to: Belin UMC

Mail your application, photos, fees, and copy of retail license to:

Trish Parris, 3921 Spanner Way, Murrells Inlet, SC 29576 Attn: Belin BOI 2023

Question, Concerns? Contact Trish Parris, 540-538-7474, email: **belinumcevents@gmail.com**

Office Use

Date application received _____ Space Assigned _____

Money Enclosed/ Amount _____ Check Number _____

SPECIAL NOTE: _____