



Saturday, May 6, 2023
at Bethesda Academy • Savannah, GA

www.savannahscottishgames.com

Instagram: @savannah_scottish_games

Vendor Application & Contract

Name of Business: _____

Principal Contact: _____ Cell Phone: _____

Attendee's Name/Driver's License/State: _____

Products you sell: _____

Do customers enter your booth? Y / N or Stand outside and view perimeter tables? Y / N (circle one)

of Games tickets needed: _____ Website URL and/or social media: _____

110v Electrical needed? Y / N Needed for: _____ • 20 amp OR 30amp? (circle one)

(SSG will locate you close to electrical panels, but we suggest you bring at least one 100' extension cord.)

FEES:

12' X 12' Site (\$275) 20' X 20' Site (\$375) 20' X 30' Site (\$425) 20' X 40' Site (\$475)

8' table rental (\$20 ea.) X ____ = \$ _____ chair rental (\$5 ea.) X ____ = \$ _____

Total fees due: \$ _____ (Payable to Savannah Scottish Games)

PRICING FOR TENT RENTALS IS AVAILABLE UPON REQUEST

(DEADLINE IS APRIL 1, 2023)

To be considered as a Vendor, your package must consist of:

- Completed and signed Application
- Check for total amount due (Checks will not be deposited until approval of your application is complete.)
- Current, valid Certificate of Liability Insurance.
- **Mail this contract, insurance certificate, and check to: Conor Little, P.O. Box 15966, Savannah, GA 31416.**

Priority will be given to previous year's vendors, provided there were no issues with their conduct and/or business. New vendors will be considered in the order they are received per our needs for specific goods/wares.

On-site setup will be Friday, May 5th from 9:00 AM - 6:00 PM and Saturday, May 6th from 7:00 AM - 8:00 AM. All vehicles must be removed from festival area by 8:30 AM Saturday.

WARES VENDORS: You must acquire a Special Event Vendor Permit from the Chatham County Department of Building Safety & Regulatory Services. An application for the permit is attached. Please send to the address listed on the application. **Obtaining this permit is mandatory to sell wares at the Savannah Scottish Games and is your responsibility.**

FOOD VENDORS: All out-of-state and/or unpermitted Food Vendors' sites must be inspected by Chatham County Health Department in order to sell food. The inspection will take place before 9:00 AM on Saturday, May 6th.

For Vendors wishing to purchase ads in our full color program, information is under "Support the Games" on our website, www.savannahscottishgames.com. **Order, payment, and copy deadline is March 28, 2023.**

As Vendors, you receive a business card advertisement for FREE! Send business card along with your application or email to: mmccay45@comcast.net. **The deadline for your business card ad's inclusion in the program is April 3, 2023.**

The party noted above in the Name of Business field, as signed personally and/or with corporate authority below (herein, the "Vendor") agrees to sell merchandise relevant to a Scottish/Celtic festival, at the location and date listed above, within the on-site location designated by "Space Assigned" below, said space to be determined by Savannah Scottish Games, Inc. (hereinafter, "SSG") on or before May 4, 2023. Vendor herein acknowledges that Vendor is solely responsible for securing and protecting its property between Vendor's arrival on-site on or before May 6, 2023, until the festival's completion. The undersigned Vendor hereby releases, indemnifies, and holds harmless SSG, Bethesda Academy, and all of their respective employees, members, and volunteers from any and all liability arising from any loss or injury to Vendor on, before, or after the dates above and waives any claim arising thereof.

Vendor Signature

Date

Chairman Approved

Space Assigned

**CHATHAM COUNTY
SPECIAL EVENT VENDOR
APPLICATION**

(Vendor Fee: \$10.00 per day)

1. BUSINESS NAME _____
2. BUSINESS ADDRESS _____ City _____ ST _____ Zip _____
3. PHONE NUMBER _____ EMAIL _____
4. APPLICANT'S NAME _____
5. NAME OF BUSINESS OR ORGANIZATION SPONSORING EVENT _____
6. LOCATION OF SPECIAL EVENT (*PHYSICAL ADDRESS*) _____
City _____ ST _____ Zip _____
7. YOUR BUSINESS ACTIVITY FOR EVENT _____
8. DATES OF SPECIAL EVENT _____
9. WILL ALCOHOLIC BEVERAGES BE SOLD OR DISPENSED? YES _____ NO _____
(Alcoholic beverage license required + State approval)
- WILL PREPARED FOOD BE SOLD OR SERVED? YES _____ NO _____
*(Food Service permit is required through Health Department
and must be attached for approval)*
- WILL PRODUCE BE SOLD? YES _____ NO _____
*(Permit is required through Department of Agriculture
and must be attached for approval)*

**COPY OF CURRENT DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION IS MUST BE SUBMITTED
ALONG WITH APPLICATION**

**THE UNDERSIGNED APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE,
CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.**

SIGNATURE

DATE

OFFICE USE ONLY

COMMENTS _____

ZONING

APPROVED _____ DISAPPROVED _____

ZONING ADMINISTRATOR DATE

HEALTH DEPARTMENT (If required)

APPROVED _____ DISAPPROVED _____

DATE

PERMIT FEE _____ FEE EXEMPT [] PERMIT NUMBER _____

CHECK/M.O. # _____ CASH [] CREDIT CARD [] RECEIPT NUMBER _____



CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
P.O. Box 8161, Savannah, GA 31412-8161
1117 Eisenhower Drive, Suite D, Savannah GA 31406
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcountyga.gov>



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in O.C.G.A. § 50-36-1, from the Department of Building Safety and Regulatory Services, the undersigned applicant **verifies ONLY one** of the following with respect to my application for public benefit:

- 1) _____ I am a United States citizen: **or**;
- 2) _____ I am a legal permanent resident of the United States. **or**;
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. ***My alien number issued by the Department of Homeland Security or other federal immigration agency is _____.**
**(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)*

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be classified as _____
(such as: state issued driver's license, state issued identification, passport, etc.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

Signature of Applicant:

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

SEAL