



Smoke on the Mountain Vendor & Food Application
VA State BBQ Championship

July 15 & 16, 2011

**Twin County Regional Chamber of Commerce
405 Main Street
Galax, Virginia 24333
(276) 236-2184**

1. Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime PH No. _____ Email Address _____

2. Craft vendors must submit three (3) photos of your work and booth set-up. These will be returned to you. Include a stamped self-addressed envelope.

3. Describe what you plan to sell or exhibit. _____

4. Booth spaces needed (10'x12') _____ x \$125.00 each = _____

Food vendor spaces needed (10'x12') _____ x \$200.00 each = _____

Food vendors also include a certificate of insurance, copy of VA State Health Permit.

Electrical needs volts _____ amps _____ (this must be filled in).

Your signature on this application indicates you have read and understand the policies and agree to abide by these rules during the competition. Should you have any questions please call the Chamber of Commerce at (276) 236-2184 or E-mail Judy Brannock at info@twincountycommerce.com.

Signature _____ Date _____

Please make a copy of this application for your records.