

  
**2024 Iris Festival**  
**TASTE AT THE GARDENS**  
**MAY 23<sup>rd</sup>**

Dear Vendor:

The annual Iris Festival Taste at the Gardens will be held on Thursday, May 23<sup>rd</sup> from 6:00 p.m. until 9:00 p.m. at Swan Lake Iris Gardens. Attached is the registration form for you to complete and mail to:

Sumter Iris Festival Commission  
Taste at the Gardens  
Post Office Box 1802  
Sumter, South Carolina 29151-1802

**Please return page two** of the Application with check or money order made payable to **SUMTER IRIS FESTIVAL COMMISSION**, Post Office Box 1802, Sumter, South Carolina 29151. All fees are non-refundable. Each vendor must have a Business License from the City of Sumter. All fees must be paid by May 1<sup>st</sup>.

**POLICIES FOR ALL VENDORS**

1. Pricing is \$100 for each 10' x 12' green space.
2. Two tables will be provided to use at the event at no charge if requested.
3. There is no charge for power. Power is limited, so it must be requested. 110 household plugs only.
4. You must provide heavy-duty extension cords.
5. You will need your own cash drawer.
6. A visible sign must be made with your own menu and pricing to be displayed at your booth.
7. You will need to provide your menu and prices on application.
8. All DHEC rules must be followed.
9. Please include a copy of your business license with the application.
- 10. Only items listed on the menu submitted with your application may be sold.**
11. All exhibitors must be approved by the Commission and are responsible for obtaining their own business license.
12. The Iris Festival Commission cannot provide personnel to help with set-up or break-down.
- 13. No pets are allowed.**
14. No refunds will be given under any circumstance.
15. Spaces may only be occupied by one vendor at any time.
16. The Committee reserves the right to refuse entry to any vendor.
17. No smoking is allowed in the Gardens.
18. No trash/debris should be left in the park after the end of the event. Please always keep your area clean.
19. All vendor items must be contained within the contracted vendor space.
20. The Iris Festival Commission must receive all paperwork and payments by May 1<sup>st</sup>.
21. Set-up will begin at 1:00 p.m. Set-up will conclude at 5:00 p.m.
22. All vehicles must be removed from the Taste at the Gardens area by 5:00 p.m.
23. You must provide your own cash drawer.
- 24. The theme this year is Luau**

*If you have any questions, contact us at 1-800-688-4748 or 803-436-2640.*

*We look forward to your participation!*

  
**2024 Iris Festival**  
**TASTE AT THE GARDENS APPLICATION**  
**May 23<sup>rd</sup>**

**Keep page 1 for your information/records. Keep a copy of your application as well.**

*Please return this application, copy of your business license,  
stamped and self-addressed envelope, and the entry fee to the following address by May 1st:*

Sumter Iris Festival Commission  
Taste at the Gardens  
Post Office Box 1802  
Sumter, South Carolina 29151-1802

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website/Facebook/Instagram \_\_\_\_\_

Have you previously participated in the Taste at the Gardens? No \_\_\_\_\_ Yes \_\_\_\_\_ Year(s) \_\_\_\_\_

Vetting Information: Name, Date of Birth, Sex, and Race of each person that will work at your booth.

\_\_\_\_\_  
\_\_\_\_\_

Menu with Pricing:

- |    |       |          |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |

Number of 10' x 12' Single Spaces \_\_\_\_\_

Electricity (110) Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Are two tables needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Total Vendor Fee Enclosed (\$100 for each 10' x 12' green space) \$ \_\_\_\_\_

*The undersigned hereby indemnifies the Sumter Iris Festival Commission, the Arts and Crafts committee and its members, the City of Sumter, Sumter County and subsidiaries, and their affiliates in the event of loss or damage to goods and/or personal injury. Undersigned also understands that there are no refunds and agrees to abide by all rules of the event.*

***Please enclose a stamped, self-addressed envelope for your confirmation packet.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your application will not be considered without the stamped and self-addressed envelope,  
vetting information, copy of your business license, payment, and menu.**