



It's that time of year again, and we are happy to announce that we are currently accepting applications for the 2025 South Carolina Peach Festival! The Arts, Crafts, and Specialty show dates are Friday, July 11th, and Saturday, July 12th, 2025 (rain or shine). We have attached the application for your convenience.

The location will be Jolly Park (outside only) near the County administration building (110 Railroad Avenue, Gaffney, SC 29340). This year's event will be a two-day option for those who want to set up outside at Jolly Park, and there will not be an indoor option.

****Please **do not mail payment** until you have received confirmation from us that your application has been accepted and approved.***

Applications may be mailed to:

SC Peach Festival Arts and Crafts
P.O. Box 549
Gaffney, SC 29342

Or emailed to:

thesouthcarolinapeachfestival@yahoo.com

Please let us know if you have any questions or concerns!

We are excited about seeing you this summer!

Thank you,
The South Carolina Peach Festival Board

Contact information:

thesouthcarolinapeachfestival@yahoo.com
864-300-9122 Charm Ellis Daggerhart

Thank you for your support and participation. We look forward to hearing from you soon and getting you reserved for your spot in this year's events!

2025 SC Peach Festival Vendor Application
July 19th and July 20th

*** ALL Commercial vendors are limited to sponsorships of \$1000 minimum.**

ENTRY FEES & AREAS:

- The standard fee includes one 10' x 10' space.
 - You are welcome to purchase a double space for an additional fee.
- Power will not be an option this year.
- Received means that we received your application AND payment.
 - If checks are returned for any reason, the application will be treated as though it has not been received until cash or money order is received and a **\$30 return check fee** is paid. **Checks and money orders are to be made payable to the South Carolina Peach Festival.**

VENDOR HOURS: Hours of operation will be as follows:

- Registration and set-up will begin at:
 - 4 pm on Friday, July 11th, at Jolly Park
 - 8 am on Saturday, July 12th, at Jolly Park
- All vendors are responsible for their power with generators, tents, tables, and chairs.

RAIN DATE/REFUND: The South Carolina Peach Festival does not reschedule due to rain.
NO REFUNDS --- NO EXCEPTIONS.

SALES: Vendors will retain all revenue from sales during the festival and are responsible for all currency-related issues. **Vendors can sell their merchandise within their leased space only.**

TAXES: Vendors are responsible for complying with local and state tax regulations.

- Your Retail License number is **REQUIRED** on your application, along with a copy. If you do not provide this information, you will be denied participation.
- If you are a Direct Sales consultant, please note that on your application.
- If you are currently a Cherokee County resident and have already paid for your 2025 City of Gaffney Business License, also note that on your application, **AND** send a copy of the license.
- The South Carolina Peach Festival will secure a City of Gaffney Solicitation Permit for all vendors. Vendors are responsible for SC licenses, permits, DHEC, and all taxes.

DEADLINE INFO: The application deadline is **Friday, June 27th, 2025**. There will be a late charge of \$30 for applications postmarked after the June 27th deadline - **NO EXCEPTIONS!**

***The South Carolina Peach Festival reserves the right to deny or reject applications at its discretion. All decisions are final.**

**2025 SC Peach Festival Arts, Crafts, & Specialty Show
July 11, 2025 and/or July 12, 2025**

Business Name: _____

Contact Name: _____

Address: _____

Phone number: _____

Email: _____

Retail License# _____ **(Mandatory)**

One Space: Friday & Saturday outside Only (\$75) _____

Two Spaces: Friday & Saturday outside Only (\$125) _____

Checks and money orders are to be made payable to the South Carolina Peach Festival. **Do not send money until you have been notified that your application was accepted and approved. Monies received from vendors that are not approved will not be refunded.**

Please list all the items you will be advertising. Provide a description and example photos. You may send photos to thesouthcarolinapeachfestival@yahoo.com

Item(s)description:

Waiver of Liability: I hereby acknowledge that I desire to participate in the SC Peach Festival, which is entitled and defined in hereafter as "Commercial Vendor." I also acknowledge that my decision to participate as a Commercial Vendor is totally voluntary. I authorize the use of any photos, both digital and print, for SC Peach Festival and posting on websites and in other print/digital media. I, the undersigned, hereby assume all risk of illness or injury as a Commercial Vendor in which I voluntarily participate. For, and in consideration of, permission to participate as a Commercial Vendor, I hereby irrevocably and forever release, discharge, waive, and hold harmless the SC Peach Festival and its officers, directors, employees, sponsors, and volunteers (collectively referred to as "South Carolina Peach Festival") from any and all claims, losses, causes of action and liabilities of any kind (including attorney's fees) arising out of or relating in any way as a Commercial Vendor. I voluntarily waive any claims I might have against the SC Peach Festival, and I understand and agree that the South Carolina Peach Festival assumes no responsibility or liability for any injury to persons or property (including lost or stolen) or damaged) that may occur. I agree that I am at least 18 years old and bound by all the terms of the Hold Harmless and Assumption of Risk Agreement. I agree that this instrument, in its entirety, is intended by me to be binding upon my heirs, executors, administrators, agents, and/or assigns.

Signature: _____ **Date:** _____

Application must be received no later than June 27th, 2025

**APPLICATION FOR BUSINESS LICENSE
2022**

CITY OF GAFFNEY
PO BOX 2109
GAFFNEY, SC 29342

*Special
Event License*

This Application with remittance in full must be completed and returned with full payment on or before
If no longer in business, please so indicate and return the application.

PHONE: (864) 487-8505 FAX: (864) 487-8508

	<u>BUSINESS NAME AND MAILING ADDRESS</u>	<u>EMERGENCY CONTACT NAME AND ADDRESS</u>
NAME:	_____	SS# _____
ADDRESS:	_____	_____
ADDRESS 2:	_____	_____
CITY, STATE, ZIP:	_____	_____
PHONE:	_____	TAX ID NUMBER: _____
LOCATION:	_____	OWNERSHIP TYPE: _____ <small>(Corp., Individual, Partnership, etc.)</small>
RESPONSIBLE PERSON:	_____	BONDING COMPANY: _____
BUSINESS CLASS:	_____	BOND NUMBER: _____
BUSINESS DESC:	_____	ACCOUNTANT: _____
OTHER LICENSE:	_____	

OFFICE USE ONLY:

CODE: _____

RESIDENT: _____

RENEW: _____ FAL: _____

CALCULATION OF LICENSE FEE: LICENSE FEE

Total Payment \$10.00

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GO"

Signature Title Date

Calculation of license fee based on rate schedule 22

	<u>FOR EACH</u>	<u>RATE</u>	<u>BASE AMOUNT</u>	<u>TOTAL FEE</u>
For Gross Receipts between 0.00 and 10,000.00	0.00	0.00	10.00	_____

PLEASE NOTE:
XXX