



Rt. 2 Box 6E • Terra Alta, WV 26764 • Ph: 304-789-2292
Email: sunshinedaydream@mail2.gcn.net
Web: www.sunshinedreams.com

Vendor Sign Up Sheet

Sunshine Daydream appreciates the folks who come and vend food and craft items at our events. We would also like the same from our vendors in return. Please read the following rules carefully and fill out the information section located at the bottom of this form. Make sure that the information supplied to us is accurate and complete. Incomplete or erroneous information may result in denial of your vending application. Please help us to maintain a clean and safe vending environment.

(Please Read Carefully)

1. We are now accepting applications for vendors for season passes.
2. All vendors must apply at least 4 weeks prior to any event, there will be no exceptions!
3. Vending spaces are filled on a first come basis
4. Vending spaces are 12 x 12.
5. Vendor passes include admission of 2 vendors for craft and 3 vendors for food. 1 extra pass may be purchased at ½ the gate ticket price.
6. All vendors must fill out WV sales tax form and pay 6 % tax. There will be no exceptions!!
7. All food vendors must apply for health permit, our health dept. officer is a very friendly and helpful person. I have all info needed here at Sunshine Daydream.
8. All vendors will be expected to use the dumpster conveniently located in the vending area.
9. Any food vendor caught dumping food on the ground will lose their privilege to vend.
10. All cooking and fryer oil leaves with the vendor, it does not go into the dumpster.
11. There will be a \$3.00 fee added to each vending space, this fee is for a port-o-pot that will be for vendors only. Please do not let friends use this port-o-pot.
12. The sale of any illegal items will not be tolerated.
13. A complete list of all items you wish to sell must be submitted with your application, this is ensure that there is not an over kill of the same items being vended and will help you make more cash.
14. Rain insurance will possibly be offered this year. Please contact us for more information.

Full name: _____
 Name of Business: _____
 Home Address: _____
 City/State/Zip: _____
 Business Address: _____
 City/State/Zip: _____
 Telephone Number: _____
 Fax/Email: _____

Complete list of items to vend: _____

Signature: _____
 Date: _____

If additional space is needed, please use a blank piece of paper.