

If you are selected, payment may be cash or check only. The check shall be made to the Town of Blacksburg.

If you have any questions, please contact the Town of Blacksburg at (864) 839-2332

Fee Schedule

Vendor Type	Rate
Non-Profit / Religious Organization	\$0
For-Profit	\$50
Food Truck	\$75

A Town of Blacksburg event license will need to be purchased. Contact the Town at 864-839-2332 or ironcityfestival@townofblacksburg.com

APPLICANT ACKNOWLEDGEMENT

The applicant understands the Town of Blacksburg reserves the right to reject all applications. The applicant understands that he/she is responsible for reading and adhering to all vendor rules and regulations as may be established by the Town of Blacksburg, as well as all applicable local, state, and federal laws and regulations. Applicant hereby agrees to indemnify, hold harmless, and release the Town of Blacksburg and the festival organizers and any and all sponsors or agents from any loss, liability, damage, or costs (including attorney fees and court costs) and any and all claims of injury or damages resulting from and/or arising out of his/her participation in the Iron City Festival, whether caused by negligence or willful act of the Applicant or any other person. The applicant further understands that there will be no refunds in the event of rain. By his/her signature below, the Applicant agrees to consider this application a commitment to abide by all rules and regulations that may be set forth by the Town of Blacksburg or the festival organizers and that it is solely responsible for obtaining any and all liability insurance coverage for his/her business/organization. The applicant understands that only items and information included in this application and approved by the Town of Blacksburg and festival organizers may be sold and/or given away during the Iron City Festival. The applicant also consents to the Iron City Festival utilizing its photograph, image, and/or sound in promotional materials, including print, broadcast, and online internet media.

Date:

Applicant Signature: ____

Applicant Printed Name: ____

SOUTH CAROLINA