

Commercial / Food Vendors Application

## Event Name: MAY FAIRE

## Date:MAY 4TH, 2024

Business Name:	
Address:	
Day Time Phone:	
Contact Person:	Phone:
	(Please Print Clearly)
Fee is \$100 until April 1, 2024	After April I, fee is \$125.
Note: Fees are non-refundabl	e.
Mathews County Health Depa	rtment Permit is Required.
Health Department will be at	each booth to check permits.
Generators are Encouraged.	
Brief Description of products	to be sold.
Checks Need to be Made	Out To: Mathews Historical Museum (MHM)
Send application and fee to: B	arbara Bass, P. O. Box 55, Susan, VA. 23163
For Further Information conta	ct Barbara by email: <a href="mailto:cbbbbb@breezeline.net">cbbbbb@breezeline.net</a>
Office Use Only	
Date Received:	
Amount of Fee Received:	Check: Cash:
Note: Copies to Barbara Ba	ss & Hugh Turner