



**35th ANNUAL SOUTH CAROLINA BBQ SHAG FESTIVAL  
HEMINGWAY, SOUTH CAROLINA**

All sections of the application must be fully completed and submitted with the application fee. Incomplete applications or missing fees will result in the application being declined. Applications and fees will not be accepted on the day of the festival.



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HEMINGWAY, SOUTH CAROLINA**

**Vendor Application**

Official Times: Friday, March 21, 2025 @ 12 Noon - until  
Saturday, March 22, 2025 @ 8:00 AM - until

We would like to thank you for your interest in attending the 35th Annual South Carolina BBQ Shag Festival. As always, it is our full intent to make this event as prosperous and enjoyable as possible. To help make this happen, it is imperative that we receive a brief description of your merchandise and a picture, (if possible), so that we may arrange the spaces of vendors to avoid duplication.

Each Vendor Space includes water and electricity, 110v with 20-amp GFI circuit. If more amps are needed, please indicate how much, up to an additional 10 amps. Extra amps, (up to 10) are an additional \$50.00. Spaces with additional power are extremely limited, (with extra power being even more limited), and are on a first come first serve basis. A deposit of 100% of the rent space is required on all reserved vendor spots. Applications and deposits are required by Friday, March 7, 2024.

Space Size: (20 x 12): **\$500**  
# of Spaces \_\_\_\_\_

Space price does NOT include town permit. Permit application is attached and must be filled out and sent along with application. SEND MENU WITH APPLICATION!

- Check in will begin at 10:00 A.M. on Friday, March 21 until 4:00 PM
- We reserve the right to pick what items on your menu to be sold
- DUPLICATE MENU ITEMS WILL NOT BE ALLOWED if we already have someone selling an item, we are not allowing another vender to sale the same item. (funnel cakes, shaved ice, etc.)
- No one can set up after 5:00 PM on Friday, March 21.
- Vehicles must be out of the area by this time.
- Check in will begin at 8:00 A.M. on Saturday, March 22.
- All vehicles must be out of the crafter area by 9:00 AM on Saturday, March 22.
- You may check in on Thursday, March 20 **AFTER** 5:00 PM, but you **may not** sell food without prior approval from the committee.
- No tables or seating are allowed in front of your space. If you are found in violation of this rule, you are subject to an additional fee in addition to removing the seating.
- Spots are assigned by the committee, spots cannot be reserved or guaranteed based on previous festivals.

**Business Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



**Merchandise:** \_\_\_\_\_

My staff and I are aware of the festival booth rates and availability times. We (I), also agree to abide by the rules and regulations of the festival.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Application Check List:** (ALL of these forms are necessary to secure your spot along with any fees associated with your application.)

1.  BBQ Shag Vendor Application
2.  \$500.00 Vendor Application Fee
3.  Town of Hemingway Vendor License
4.  \$38.50 Town License Fee
5.  Copy of Insurance Policy
6.  DHEC Form
7.  Hold Harmless Agreement

**Please read and check each statement below and sign at the bottom.**

- I understand that I will only receive ONE 20 x 12 space with 110v and 20 amp of power.
- If I need more power or space, I understand that there are additional fees and that the extra power/space may not be available.
- I understand that spots are assigned by committee and are not guaranteed based on previous festivals.
- I understand that I/my staff are not allowed to cook, sell, or serve pulled pork BBQ as the SC BBQ Shag Festival has a BBQ competition.
- I understand that the SC BBQ Shag Festival only provides the space and power that is on the application. If I need anything else, including but not limited to tents, tables, chairs, etc., I must bring it with me.
- I understand that I will only receive ONE parking sticker per vendor space for the vendor parking area and any additional vehicles must be parked elsewhere. (We do not have the parking space for more than one vehicle per vendor space.)
- I understand that the SC BBQ Shag Festival reserves the right to choose what is served on your menu.
- I understand that if I am using a grill or any other type of equipment that uses oil to prepare food, I must place a container to catch any excess oil or debris. If caught violating this rule, I understand that I may be subject to a fine by the Hemingway Police Department and/or a penalty assessed by the SC BBQ Shag Festival committee.



I understand all the rules and understand that they may be changed at any time or added to. My staff and I agree to abide by these rules and understand that any violation of the rules and regulations of the festival will result in termination of our space without refund of any fees paid.

I understand that at the conclusion of the festival, my area must be cleaned of all trash.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Committee Use Only:**

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



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**HOLD HARMLESS AGREEMENT**

By signing this document, I acknowledge that I have read every rule carefully and agree to abide by each rule. I agree to hold harmless the South Carolina BBQ Shag Festival from any claim including but not limited to, injury to person, health incident, damage to property, loss by fire, theft, or any other cause, nor will be a party to a lawsuit. This hold harmless agreement is legal and binding.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

EVENT PERMIT APPLICATION

PROMOTE PROTECT PROSPER  
South Carolina Department of Health  
and Environmental Control

FOR OFFICE USE ONLY

1-3 DAY SPECIAL EVENT       4-14 DAY TEMPORARY FOOD SERVICE

PERSONAL INFORMATION

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ DRIVERS LICENSE # & STATE \_\_\_\_\_

FOR OFFICE USE ONLY

PERSONAL INFORMATION  
VERIFIED BY

\_\_\_\_\_ SAN# \_\_\_\_\_

EVENT INFORMATION

NAME OF EVENT: South Carolina Bar-B Que Shag Festival

NAME OF BOOTH: \_\_\_\_\_

NAME OF PROPERTY OWNER: Town of Hemingway

EXACT LOCATION OF BOOTH: Hemingway Recreational Center

DATES OF OPERATION: \_\_\_\_\_ TO \_\_\_\_\_ TOTAL NUMBER OF DAYS: 2

MENU INFORMATION (type of food served): \_\_\_\_\_

SETUP INFORMATION

WATER SUPPLY:     PUBLIC WATER     ON SITE WELL     \*OTHER \_\_\_\_\_

WASTE WATER DISPOSAL:     PUBLIC SEWER     SEPTIC TANK     \*OTHER \_\_\_\_\_

REFUSE DISPOSAL PROVIDED BY: Town of Hemingway

\* please specify type of water, disposal (example: contracted pump and haul with contractors name, port-o-let, ect. )

I, the undersigned, have studied the "Rules and Regulations governing temporary food service, special event establishments" of South Carolina Department of Health and Environmental Control and am familiar with the applicable sections. I have complied with all the requirements of the regulations pertaining to the physical properties of the facility, equipment, grounds, safe water, and sewage disposal. I have trained all my personnel in modern methods of safe and sanitary food handling, storage procedures, sanitary cleaning and storage of all utensils and equipment.

I do hereby request the health authority to make an inspection and issue a permit to operate a temporary food service establishment.

FOR MORE INFORMATION CALL:

843-928-1151 MAIN OFFICE      843-756-4027 LORIS  
843-399-5553 STEPHENS CROSS RD      843-249-1506 CONWAY

\_\_\_\_\_  
SIGNATURE

# Town of Hemingway

P.O. Box 968 • Hemingway, SC 29554 • 843-558-2824

## APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE

### For BBQ SHAG FESTIVAL FOR 2025

1. Name of Business: \_\_\_\_\_
2. Mailing Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Business Physical Address: \_\_\_\_\_  in town  out of town
4. Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Type of Business: \_\_\_\_\_
6. Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_
7. Federal ID#: \_\_\_\_\_ AND/OR Social Security # \_\_\_\_\_

#### LICENSE CALCULATION

Basic License Fee..... \$38.50

Date Paid \_\_\_\_\_

I CERTIFY THAT ALL OF THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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