



Taste of SOMD Vendor Agreement

Date of Event: Sunday, April 27th, 2025 | Rain Date: Sunday, May 4th, 2025

Time: 11:00am to 5:00pm

- Vendors must provide their own equipment (tents, canopies, tables, chairs etc).
- It is highly encouraged for our vendors to have a tent to cover their booth, both for your comfort and also protection from the elements. We reserve the right to rearrange your booth location if you do not have one.
- Vendor fees include 2 tickets (1 for you and 1 for another representative to run your booth). If you need additional tickets, please indicate how many on the registration form and add it to your total. Tickets are \$10 per person.
- All fees are non-refundable as they will be used for event promotion. No electricity or running water is available.
- This event is scheduled to run from 11:00am until 5:00pm. Vendor set up time is from 8:00am to 10:00am, with breakdown at 5:00pm. More information to come.
- Vendors are responsible for leaving the area in the same condition as they found it.
- We reserve the right to censor any booth.

Vendor Fees

Be advised that if your set up is larger than the options below, a \$50 charge will be added to your total. Please discuss any large vehicle spaces with us as soon as possible so we may accommodate you.

- ☐ \$100 vendor fee for 12' X 12' outside area (standard space for artisan vendors)
- ☐ \$150 vendor fee for 12' x 24' outside area (Ex. Food trucks)

We ask that any vendor for this event please assist in sharing the event information and flyers with the public on their social media platforms, through email and/or in their brick-and-mortar locations.

If you are an activity-based vendor, plan to sell alcoholic beverages, pre-packaged foods, or will be preparing food on-site please provide us with copies of the following (as it pertains to your business).

- **Certificate of Insurance**
- **Off-site liquor license/permit (we will have one to cover the event as a whole, but you still need individual business coverage)**
- **Charles County Health Department Food Permit OR Temporary event food permit**

**** If you are selling pre-packaged foods, please double check that you are covered under Maryland Cottage Food Business Regulations****



With your signed agreement, please email us your high resolution business logos.

VENDOR REGISTRATION:

Name of Company: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Social Media Handles: _____

Description of Items to Sell: _____

of Extra Tickets for Booth Representatives if needed (\$10 each): _____

Total Amount Submitted: _____ (CASH - CHECK): _____

Print Name: _____ Date: _____

Signature: _____

Make checks payable to: Maryland Veterans Museum at Patriot Park
Mail to: P.O. Box 2123 La Plata, MD 20646

Additionally, If you would like to donate an item or gift certificate for our silent auction, please fill out the information below:

Silent Auction Item Description: _____

Expiration Date/Misc Notes: _____

Total Retail Value of Donated Item(s): _____