

Belin Memorial UMC Blessing of the Inlet Artisan Application

Saturday, May 3, 2025



\$100 per space

(PLEASE PRINT CLEARLY)

Business Name: _____ Phone Number (____) _____ - _____

Contact Name(s): _____

Address _____ City _____ State ____ Zip _____

Email Address _____

Phone Number (____) _____ - _____ Alternate Phone Number (____) _____ - _____

Retail License Number # _____ (provide copy of retail license **ONLY** if you have not submitted one in the past). If you are exempt, please write exempt with the explanation of exemption.

Description of CRAFT: _____

Number of vendors spots _____ Must provide your own tent, tables and chairs.

Will you be putting up a Canopy? Circle: Yes / No

How many vehicles will you be parking? _____ Type of vehicle you will have: Car Truck Minivan SUV Truck

If pulling & parking trailer please state length: _____

ALL Vehicles MUST be moved to the cemetery by 8:05 am. Road will close at 8:15 am.

Signature _____ Date _____

Please email application to larab@belinumc.org. **FIRST TIME BOI ARTISAN VENDORS - email pictures of art/crafts, & copy of retail license to larab@belinumc.org.**

Please make checks payable to: **Belin UMC**. Description Line – **BOI Vendor**. Mail to: P. O. Box 528, Murrells Inlet, SC 29576. **Please put on envelope - Attention: BOI – Lara .**

Questions or concerns? [Email larab@belinumc.org](mailto:larab@belinumc.org).

.....Office Use Only

Date application received ____ / ____ / ____ Space Assigned # _____

Money Enclosed/Amount \$ _____ Check Number # _____