



**2019 BRASELTON MOVIES UNDER THE STARS  
ON THE GREEN**  
*10'x10' BOOTH VENDOR APPLICATION*

COMPANY NAME: \_\_\_\_\_

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

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

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**2019 DATES:**

- May 18    June 15    July 20    August 17    September 14    October 19  
You secure ALL movie dates for a fee of \$250

NUMBER OF 10' x 10' BOOTH SPACES: \_\_\_\_\_ TOTAL PRICE: \$ \_\_\_\_\_

TOTAL NUMBER OF ELECTRICAL OUTLETS: \_\_\_\_\_

TYPE OF PRODUCT (Food only): \_\_\_\_\_

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**Please note: You will not be permitted to sell products other than what you list  
on your application!**

**No vendors duplicating products will be allowed.**

**We do not provide refunds for those who do not show up,  
are late to arrive or who are asked to leave or for movies cancelled due to the  
weather.**

**Please Call Jennifer Scott at 706-654-5720 with questions,  
or email her at [jscott@braselton.net](mailto:jscott@braselton.net)**

Movie Vendor Application

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In participation with the Braselton Movies event, I do hereby understand and assume all risks and responsibility for myself and all persons associated with my booth or participation in any other event which is part of the events.

Furthermore, I agree to, and will at all times, indemnify, save and hold harmless the Town of Braselton and the Braselton Visitors Bureau Authority, their officers, agents, volunteers, sponsors and employees from all liability, claims, demands and costs of every kind and nature, including attorney’s fees at trial or appellate level and all court costs arising out of injury to, or death of persons, and damage to any and all property including loss of use therefore, resulting from or in manner arising out of or in connection with activities or use of Town’s facilities during the events. In addition I covenant not to sue and agree not to pursue any claims against the Town of Braselton, the Braselton Visitors Bureau Authority, their officers, agents, sponsors, volunteers or employees, in the event of any damage, injury or expense. This indemnity and covenant shall be binding upon my successors, assigns, heirs, executors, and administrators.

\_\_\_\_\_  
Applicant’s signature

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Send your completed application with payment to:  
Town of Braselton, 4982 Highway 53, Post Office Box 306, Braselton, GA 30517  
Your space will not be reserved until payment is received

**Rules and Regulations for Movie Vendors**

1. Setup must be completed two hours prior to the movie start.
2. You must find out your space for setup BEFORE movie night. No staff will be at the movie to assist you.
3. You may not plug in power strips, electrical extension cords or anything else that increases the amount of power you get.
4. Once you set up your booth, you are expected to stay the entire time of the movie. You may not leave early under any circumstances.
5. In case of inclement weather – we announce cancellations and rescheduling on our Facebook page or you can email [jscott@braselton.net](mailto:jscott@braselton.net) for up to the minute decisions. We do not give refunds for cancellation of events due to weather related conditions but we do allow you to set up on rescheduled date, if there is one, at no additional cost.
6. Attached affidavit is only necessary if you have never sent one to us before
7. No generators are allowed

# U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Public Benefit from the Town of Braselton, I swear or affirm under oath the following with respect to my registration to do business with the Town of Braselton, it's agencies and authorities:

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Business Name

**Check (X) One of the Following:**

**A** \_\_\_\_\_ I am a United States citizen and 18 years of age or older.

*A copy of a valid and verifiable ID must be presented and attached as part of this affidavit.*

**OR**

**B** \_\_\_\_\_ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: \_\_\_\_\_  
\_\_\_\_\_ (Required)

*Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:*

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

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Signature of Applicant

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Print Name

Before me this \_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_:

(SEAL)

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Notary Public  
My Commission Expires: