

Post Office Box 1329  
Lake City, SC 29560



Phone (843) 374-5421  
FAX (843) 374-1809

## City of Lake City

### A.G.E. CON VENDOR APPLICATION

#### EVENT INFORMATION

EVENT TITLE	EVENT DATE S
<a href="#">A.G.E. Con</a>	August 16-17
A.G.E. Con, or Anime Gaming Entertainment Convention, is a universal two-day con that focus on anime, gaming, and other forms of media entertainment. It includes Esports tournaments with cash prizes along with vendors, cosplayers, tabletop gaming, streaming, and more!	
EVENT LOCATION	
The R.O.B., 243 S. Church St., Lake City, SC 29560	
EVENT POINT OF CONTACT	
Savon Whitehead - <a href="mailto:ageconsc@cityoflakecity.org">ageconsc@cityoflakecity.org</a>	

#### VENDOR SCHEDULE

REGISTRATION DEADLINE (for inclusion in program)	July 12, 2023	
VENDOR MOVE-IN	EVENT HOURS	VENDOR MOVE-OUT
August 15 - 8 AM	August 16 - 11 am - 8 pm August 17 - 9 am - 8 pm	No earlier than August 17 8 pm No later than August 18 12 am

#### EVENT DESCRIPTION

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#### VENDOR SPACE INFORMATION

SIZE OF VENDOR SPACE	BASE COST
10X10	\$165 \$215 Premier Booth

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WHAT WE PROVIDE	WHAT VENDOR WILL NEED TO PROVIDE	AVAILABLE FOR A FEE
One Table One Tablecloth Two Chairs Electricity	Vendor merchandise Vendor advertisement if applicable Any additional tablecloths or chairs	Extra Tables - \$50

**All fees must be paid in full by August 9. No refunds.**

### VENDOR INFORMATION

VENDOR NAME		REGISTRATION SUBMISSION DATE
ADDRESS		
PHONE	FAX	EMAIL
VENDOR ID. if applicable		WEBSITE

### VENDOR DESCRIPTION

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## SPECIAL EVENT LICENSE APPLICATION

Name of Business: \_\_\_\_\_

Physical / Business Address

Mailing Address

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Federal ID / Social Security Number

Temporary Business

Event Location: \_\_\_\_\_

Permanent Business

Event Description: \_\_\_\_\_

### Event Description

Arts & Crafts Vendors 454390 \$40.00

Concessions 454390 \$40.00

Retail, games, & others 454390 \$40.00

Already have a Lake City Business License License #: \_\_\_\_\_

\*\*\* Non-Profit Vendors - A letter is to be submitted to the City of Lake City reflecting your status. Once this information is received, it will be reviewed, after which, a letter of clearance will be issued to operate at the event. \*\*\*

Have you attended any event in the City of Lake City? (Please circle one)  Yes  No

What is your Art or Craft? \_\_\_\_\_

*I understand that issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building Vendor Packets code requirements, and that I am subject to all provisions of the Business License Ordinance of the City of Lake City.*

*I (we) do hereby certify that the above information and amount returned as gross income from my (our) Business or Profession is true and correct, and that I have made no deductions except income on which I have paid a business fee to another City or County, for which I have proof of payment. I am familiar with the penalty provisions of the City Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application.*

*I (we) understand that my business Income tax returns and other documents may be inspected to verify income or other business data.*

Return this completed application & license fee to:  
The City of Lake City - Attn: Finance - P.O. Box 1329 - Lake City, SC 29560

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

