TASTE OF SMYRNA

September 12, 2026

Georgia Grown Member Application ONLY

1. Name _____ GG#_____

Address _____City _____State _____ Zip _____

Phone Number _____**E-mail:**_____

2. DESCRIBE & LIST ALL TYPES OF ITEMS YOU SELL:_____

_____

3. SET-UP IS SATURDAY AM ONLY

4. _____**SINGLE (10'X10') $50.00 - Space Only (discounted from $150.00)**

5. **THIS EVENT IS JURIED -** APPLICATION MUST BE ACCOMPANIED BY FIVE (5) PHOTOGRAPHS. FOUR OF YOUR PRODUCT, ONE OF YOUR SET-UP. TENTS ARE REQUIRED. YOU WILL BE NOTIFIED OF ACCEPTANCE. WE WILL NOT PROCESS YOUR PAYMENT UNLESS YOU HAVE BEEN ACCEPTED. PHOTOS NOT REQUIRED IF YOU HAVE PARTICIPATED IN A JRM SHOW BEFORE

List 2025/2026 show(s): _____

6. MAKE CHECK PAYABLE TO **"JRM MANAGEMENT SERVICES"** & RETURN WITH APPLICATION TO:

TASTE OF SMYRNA
P.O. BOX 777
KENNESAW, GA 30156 TELEPHONE (770) 423-1330

**SPOTS ARE LIMITED: IF YOU SIGN UP FOR A SHOW AND FAIL TO ATTEND 2 OR MORE TIMES, YOU WILL BE REMOVED FROM OUR VENDOR LIST. NO REFUNDS OR SHOW TRANSFERS

If you are interested in paying via credit card, fill-out the Credit Card Authorization (CCA) information below.
THERE WILL BE AN ADDITIONAL 3.5% CONVENIENCE FEE FOR ALL CREDIT CARD TRANSACTIONS

Circle one: VISA MASTERCARD AMEX

Credit Card Number: _____ Billing Zip: _____

Exp Date: _____ 3 or 4-digit security code: _____ Amt (booth + 3.5%): _____

I _____(print name of card holder) hereby represent that I have the authority to execute the credit card authorization and agree that this authorization will be effective for the amount (above) and on the date signed (below). I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this Credit Card Authorization (CCA) cannot be revoked.

Cardholder's Signature: _____ Date: _____

Signing this contract authorizes JRM Management to charge the amount specified in the CCA, if your application is accepted. If you are **not** accepted, you will **not** be charged and your application will be returned. **No refunds given for cancellation of the event due to inclement weather or circumstances beyond our control.** I have read and fully understand all the details as set forth and agree to abide by all exhibit rules and regulations, which are part of this contract. I hereby agree to indemnify and hold harmless the City of Smyrna, Superior Plumbing, JRM Management, Georgia Grown, all organizations and persons sponsoring, managing or in any other way participating in the 2027 TASTE OF SMYRNA FESTIVAL, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the festival.
APPLICATION MUST BE SIGNED.

SIGNED: _____**DATE** _____

Office use only:

DATE RECEIVED: AMT:_____RECEIPT #_____ SPACE # _____