

FESTIVAL USE ONLY
Total Fee Due:
Amount Paid:
Payment Type:
CC Auth Code:

9th Annual Carolina Strawberry Festival Craft/Commercial Vendor Application



Vendor Name: _____ Contact Name: _____

Mailing Address: _____
City State Zip

Daytime Phone: _____ Cell: _____ Fax: _____

Email: _____

List Major items to be displayed or for sale **(must be approved by Festival Committee prior to Event):**

! I will be parking a trailer in my space(s) _____ (Size Including Tongue)

Setup Preference: ! Grass ! Pavement ! Either/No Preference

Special Requests: _____

We will attempt to accommodate special requests; however, do to the number of vendors and guests not every request can be honored.

*****All Vendor setup locations are at the discretion of Strawberry Festival Committee*****

- | | | | | |
|--------------------------|---|---------------------|-----------------------|---------------------------|
| <input type="checkbox"/> | CRAFT/COMMERCIAL VENDOR
<i>Space size is 10' x 10'</i> | # of spaces: | <u> </u> x \$110 | = \$ <u> </u> |
| <input type="checkbox"/> | NON-PROFIT VENDOR – INFO ONLY
<i>Space size is 10' x 10' - must have documentation of non-profit status</i> | First Space: | <u> 1 </u> x NO FEE | = \$ NO FEE |
| | | Additional: | <u> </u> x \$110 | = \$ <u> </u> |
| <input type="checkbox"/> | Electrical Outlet (120 volt/20 amp max) | | <u> </u> x \$25 | = \$ <u> </u> |
| <input type="checkbox"/> | Late Fee – Add \$50 if postmarked after April 1, 2018 | | <u> 1 </u> x \$50 | = \$ <u> </u> |
| Total Fee: | | | | \$ <u> </u> |

The following items MUST be included with your application:

- Copy of certificate of insurance.**
(Required for ALL food vendors, ride operators, those providing animal attractions, and all face painters – See vendor rules for more details)
- N. C. Department of Revenue Certificate of Registration - Registration Number:** _____
- Signed copy of Vendor Rules**
- All Fees – We accept Cash, Checks, Money Orders, Visa, MasterCard, Discover, and American Express**
**Please make all Checks & Money Orders payable to: Carolina Strawberry Festival (\$30 Fee for all returned checks)*

Total Fee: \$ _____ Card Type: ! Visa ! MasterCard ! Discover ! American Express

CC #: _____ Exp Date: _____ / _____ (mm/yy)

Contact Name: _____ CVV2 (3 or 4 digit) _____

Mailing Address: _____
City State Zip

I authorize the Carolina Strawberry Festival to charge the credit card indicated above and I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____ Date: _____

Mail to: Carolina Strawberry Festival, 316 E Murray St, Wallace, NC 28466

For More Information: Email: info@carolinastrawberryfestival.com or Visit: www.CarolinaStrawberryFestival.com