

<b>FESTIVAL USE ONLY</b>
Total Fee Due:
Amount Paid:
Payment Type:
CC Auth Code:

# 9th Annual Carolina Strawberry Festival Food Vendor Application



Vendor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Electrical Requirements: ! 50 AMP ! 30 AMP ! 120 volt/20 AMP ! Other: \_\_\_\_\_  
 Vendors are required to provide correct connectors and cords

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\*\*\***

- CONCESSION (MOBILE UNIT TYPE) FOOD VENDOR** \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_
  - OTHER FOOD VENDORS (10' x 10' SPACE)** \_\_\_\_\_ x \$175 = \$ \_\_\_\_\_
  - Late Fee – Add \$50 if postmarked after April 1, 2018**   1   x \$50 = \$ \_\_\_\_\_
- Total Fee: \$ \_\_\_\_\_**

**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**
- Picture of your trailer or tent set-up and Menu of Food & Items to be sold with Prices**
- 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: [vendors@carolinastrawberryfestival.com](mailto:vendors@carolinastrawberryfestival.com) or  
 Visit: [www.CarolinaStrawberryFestival.com](http://www.CarolinaStrawberryFestival.com)