# NC Yam Festival Vendor Application

The 32nd Annual NC Yam Festival will be held downtown Tabor City, NC on Saturday,

October 28nd, 2017. We are a family friendly festival. Please read all rules and

guidelines in relation to any participation in this event. For more information, visit our website at [www.ncyamfestival.com,](http://www.ncyamfestival.com/) email: [ncyamfestmanager@gmail.com](mailto:ncyamfestmanager@gmail.com) or call the Chamber of Commerce at 910-377-3012.

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| Vendor type | Size | Fee |
| **Arts, Crafts, and Retail Vendors** | 10X10 | **$100.00** |
| **Exhibit Booth** | 10x10 | **$75.00** |
| **Food Vendor** | 10x10 | **$150.00** |
| **Non Profit Booth (no onsite cooking**) | 10x10 | **$50.00** |
| **Add each for water and/or electrical** |  | **$10.00** |
| **Late Fee after October 7th, 2016** |  | **$20.00** |
| **Returned Check Fee** |  | **$25.00** |

**Note\* All fees are nonrefundable. Rain or Shine. Approval of all booths will be based upon availability and at the discretion of the festival committee. WE RESERVE THE RIGHT TO REFUSE ANY ITEMS OR MATERIALS THAT COULD BE VIEWED AS POTENTIALLY HARMFUL OR OFFENSIVE AS WE STRIVE TO MAINTAIN A FAMILY ENVIRONMENT.**

**Setup Hours: Setup must be complete by 8:00am breakdown 6pm Note\* You must supply your own tent, table and chairs for your booth.**

**FOOD Vendors Requirements:**

**All food vendors must apply for a permit with Columbus County Health Dept. A CCHD form is attached**

**below. This will need to be completed and mailed along with the $75.00 fee to the Columbus County Health**

**Department. The vendor application will need to be mailed to the NC Yam Festival. Both applications will**

**need to be mailed to each party separately for vendor consideration. A confirmation of both will be mailed**

**back in a timely manner.**

**Application Deadline: October 11th, 2017**

**Please make checks payable to : NC Yam Festival , PO BOX 446, Tabor City NC 28463**

**Vendor Application**

# Please complete this application, along with payment and mail to: NC Yam Festival

**PO BOX 446**

**Tabor City, NC 28463**

## Please print all information.

Company Name:

Address Contact Name:

Most Available Contact ( ) Email:

Food Booth Exhibit Retail (Art, Craft, etc) Non Profit

Electrical needed Water Needed Number of Spaces needed Type of Food Sold: Description of Booth Contents:

## Have you participated in this event before:

How did you learn about the festival:

The Undersigned agrees that the NC Yam Festival and its successors are not responsible for loss or damage or personal injuries to, from, or during the Festival and release claims there from. It is further agreed that the undersigned will abide by all rules and instructions set forth by the Festival Officials. I further allow the NC Yam Festival permission to use any photographs, motion pictures, recordings, or any other record of my participation in the festival for legitimate reasons. I also release the NC Yam Festival from any and all liability for loss or damage to property or merchandise due to theft, fire, storm, flood, and damages through any force of nature or otherwise.

Applicant’s Signature:

Date:



TELEPHONE

910-640-66 I7

HEALTH DEPARTMENT

**TEMPORARY FOOD SE**•**RVICE PERMIT APPLICATION**

910-641-0766

Applications closed 15 days prior to the event, and no less than 3 days for substitute vendors. Submit the required $75.00 permit fee along with this application. Make checks payable to Columbus County Health Department. Do not send cash in mail. **The permit fee will not be collected on the day of the event.**

**Event Information**

Event Name Location

Event Coordinator Address \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (Phone) *L\_) \_* City\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (Phone) *( )\_ \_ \_ \_ \_*

Dates Starting \_ /\_ \_ /\_ \_ Time \_ \_ \_ Ending \_ /\_ / Time \_

**Vendor Information**

Organization/Business Name \_ \_ \_

\_ \_ \_ \_ \_ \_ \_

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Contact Name (Phone) , , (Cell), ..,\_ \_ Address - - - - - - - - - - - - ( Fax ) ,.\_ \_,\_ \_

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\*Note: If non-profit, tax exempt or a political fund raising group then attach documentation for exemption consideration.

PROPOSED MENU:

\*MENU ITEMS ARE Sl.JBJECT TO APPROVAL AND MAY BE RESTRICTED.

•ATTACH A PROPOSED SITE LAY OUT AND EQUIPMENT TO BE USED.

Applicant's Signature \_ \_ \_ \_

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**Contacts**

Columbus County Health Department, Division of Environmental Health. PO Box 810. Whiteville, NC 28472 Phone# (910) 640-6617, Fax# (910) 641-0766



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