

# CARBON COUNTY FAIR

August 7-12, 2017

## FOOD REGISTRATION FORM (Includes candy)

**Please type or print clearly** Please check (✓ one)  Non-profit  Private business

Name of organization or business \_\_\_\_\_

Contact person \_\_\_\_\_

Street address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Items you will be displaying or selling \_\_\_\_\_

I agree to abide by all rules and regulations of the Carbon County Fair

Signature \_\_\_\_\_

**ALL VENDORS SUBJECT TO APPROVAL BY VENDOR COMMITTEE.**

**Minimum size 10' x 15' depth. Please note a minimum of 15' depth is required for all frontage.**

**Allow room around your stand for servicing and customers.**

1. Total size of area requested \_\_\_ ft frontage x \_\_\_ ft depth = \_\_\_ sq ft x \$2.00/sq ft = \$ \_\_\_\_\_
  2. # vendor passes needed (30 supplied) Additional passes \$2.50 each x \_\_\_ = \$ \_\_\_\_\_
  3. Size of covered dining area \_\_\_ ft x \_\_\_ ft = \_\_\_ sq ft x \$0.50 sq ft = \$ \_\_\_\_\_
  4. Vendor Insurance, if supplied by CCLLFA insurance carrier @ \$85.00 \$ \_\_\_\_\_
  5. Carbonated beverage fee (\$25.00) – **required if selling carbonated beverage** \$ \_\_\_\_\_
- Add lines 1, 2, 3, 4 and 5 and remit payment with registration form **TOTAL** \$ \_\_\_\_\_

**Please indicate your electrical needs**  110  220

**CARBONATED BEVERAGES**  Yes  No

**PAYMENT:** 50% down by January 9, 2017. Balance due by July 1, 2017. Site will not be held without payment. **All vendors must provide certificate of insurance, naming Carbon County Fair or send additional \$85.00 postmarked by July 1, 2017. NO EXCEPTIONS!**

Make checks payable to: CCLLFA  
PO Box 633  
Lehighton PA 18235-0633

NOTE: Check or money order must accompany registration form! **Money order only after 7/1/17.**  
Questions, please call 610/826-1862

**All returned checks will be charged a \$25.00 fee. No refunds after June 1, 2017.**

FOR OFFICE USE ONLY			
Initial Payment \$ _____	Check # _____	Date postmarked _____	
Final Payment \$ _____	Check # _____		
<input type="checkbox"/> Insurance certificate	<input type="checkbox"/> Purchase Insurance	<input type="checkbox"/> Sales Tax ID number _____	
<input type="checkbox"/> Approved by vendor committee	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Packet mailed	<input type="checkbox"/> Additional passes _____