CARBON COUNTY FAIR

**August 4-9, 2025**

**FOOD REGISTRATION FORM (Includes candy)**

**Please fill in all fields. Upon completion, print, sign and mail to the payment address provided below.**

**Please type or print clearly** Please check (√ one) □⁭*Non-profit □*⁭*Profit*

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

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

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

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

*Telephon*e\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Email address*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 $2.25/sq ft = $ \_\_\_\_\_\_

2. # vendor passes needed (30 supplied) Additional passes $3.50 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 10, 2025. Balance due by July 1, 2025. 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, 2025. 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 July 1, 2025.**

Questions, please call 610-826-1862

**All returned checks will be charged a $25.00 fee. No refunds after June 1, 2025.**

**I agree to abide by all rules and regulations of the Carbon County Fair and accept all responsibility for my rented vendor space, product and/or services provided. I further agree to hold Carbon County Fair, its' board of directors, officers and volunteers free from any and all liability.**

***Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FOR OFFICE USE ONLY

Initial Payment $\_\_\_\_ Check # \_\_\_\_ Date postmarked\_\_\_\_\_

Final Payment $\_\_\_\_ Check # \_\_\_\_

⁭□Insurance certificate ⁭□Purchase Insurance ⁭ □Sales Tax ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭□Approved by vendor committee ⁭ □Paid in full ⁭ □Packet mailed ⁭□Additional passes\_\_\_\_\_\_