

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 _____

Telephone _____ 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