

# CARBON COUNTY FAIR

**August 10-14, 2011**  
**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 \_\_\_\_\_

**Please indicate your electrical needs** 110 220

**CARBONATED BEVERAGES** Yes No

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

**Minimum size 10' x 15' depth. 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 @ \$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** \$ \_\_\_\_\_

**PAYMENT:** 50% down by January 9, 2011. Balance due by July 1, 2011. 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, 2011. 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 7/1/11.**  
 Questions, please call 610/826-1862

**All returned checks will be charged a \$25.00 fee. No refunds after July 1, 2011.**

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