CARBON COUNTY FAIR

**August 5-10, 2024**

**FOOD REGISTRATION FORM (Includes candy)**

**Please fill in all fields (Tab to enter fillable sections).** **Upon completion, print, sign and mail to the payment address provided below.**

**Please check one:**  *Non-profit*  *Profit*

*Name of organization or business*: Business Name

*Contact person:* Full Name

*Street address:*  Street Address

*City/State:* City / ST *Zip code:* 00000

*Telephon*e: Telephone *Email address:* Email Address

*Items you will be displaying or selling:* Items displaying/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 **000** ft frontage x **000** ft depth = **0000** sq ft x $2.25/sq ft = $**0000.00**

2. # vendor passes needed (30 supplied), additional passes **$3.50** each x **00** = $**000.00**

3. Size of covered dining area **00** ft x **00** ft = **0000** sq ft x $0.50 sq ft = $ **0000.00**

4. Vendor insurance, if supplied via CCLLFA insurance carrier @**$85.00 =** $**00.00**

5. Carbonated beverage fee ($25.00) – **required if selling carbonated beverage** = $**00.00**

Add lines 1, 2, 3, 4 and 5 and remit payment with registration form **TOTAL** $**0000.00**

**Please indicate your electrical needs** ⁭ 110 ⁭ 220

**CARBONATED BEVERAGES** ⁭  Yes ⁭ No

**PAYMENT**: 50% down by January 9, 2024. Balance due by July 1, 2024. 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, 2024. 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, 2024.**

Questions, please call 610-826-1862.

**All returned checks will be charged a $25.00 fee. No refunds after June 1, 2024.**

**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\_\_\_\_\_\_