

2014 CHATHAM COUNTY FAIR

P.O.BOX 1036

191 Dr. Martin Luther King Jr. Drive

PITTSBORO, N C 27312 (OFF HWY 64 BUSINESS)

See website WWW.CHATHAMCOUNTYNCFAIR.COM for map links

TELEPHONE: 919-542-5511 (FAIRGROUND)

VENDOR-CONCESSIONAIRE APPLICATION

DATE: Thursday, SEPTEMBER 18, 2014 – Sunday, SEPTEMBER 21, 2014

BUSINESS OR GROUP NAME _____

PERSON MAKING APPLICATION FOR SPACE _____

MAILING ADDRESS _____

STATE _____ ZIP CODE _____

DAY PHONE (____) _____ NIGHT (____) _____ E-MAIL _____

MINIMUM SPACE SIZE NEEDED _____ SQ. FT. INSIDE _____ or OUTSIDE _____

LIST ALL PRODUCTS/SERVICES/PROMOTIONS (INCLUDING PICTURES) _____

ELECTRICAL REQUIREMENTS _____ AMPS **NB: Only 110V 30 AMP circuits are provided.**

RATES FOR SPACE (INSIDE 10' X 10' – subject to change)

	CATEGORY		CHECK
ALL COMMERCIAL EXHIBITS/SALES	\$100.00	INSIDE	_____
NON-PROFIT/NON-COMMERICAL	\$100.00	INSIDE	_____
<i>[Inside locations limited to 7, space allocated first come/first served –payment required to secure reservation]</i>			
ALL OUTSIDE VENDORS [no limit]	\$100.00		_____

MAKE CHECKS PAYABLE TO: CHATHAM COUNTY FAIR, P.O. BOX 1036, PITTSBORO, NC 27312 (919) 933-3031 (VENDOR DIRECTOR)

***** All calls: 10:00 AM – 4:00 PM Mon-Fri leave message if no answer *****

ALL APPROVED FOOD VENDORS/CONCESSIONAIRES MUST PROVIDE A CERTIFICATE OF PRODUCT LIABILITY INSURANCE LISTING THE CHATHAM COUNTY FAIR AS ADDITIONAL INSURED PRIOR TO Tuesday, SEPTEMBER 16, 2013

IF ACCEPTED, APPLICANT WILL BE NOTIFIED BY PHONE AND/OR EMAIL. IT IS OUR GOAL NOT TO ALLOW DUPLICATION OF PRODUCT/SERVICE SOLD, TO BE FAIR TO OTHER VENDORS. FAIR NOT RESPONSIBLE FOR DAMAGES/INJURIES SPACE IS ON A FIRST COME, FIRST SERVED BASIS

NOTE: ACCEPTED APPLICATION FEES ARE NON-REFUNDABLE

YOU MUST CONTACT THE CHATHAM COUNTY HEALTH DEPARTMENT FOR APPROVAL OF FOOD SALES. (919)-542-8208 CHATHAM COUNTY FAIR IS NOT RESPONSIBLE FOR APPROVAL FROM ANY GOVERNMENTAL AGENCY

AGREED UPON:

*Not Valid Unless
Signed by Fair Representative*

APPROVED:

FOR CHATHAM COUNTY FAIR

FOR VENDOR/CONCESSIONAIRE

DATE _____

DATE _____

CHECK MUST ACCOMPANY APPLICATION