**Mullet Festival Food Vendor Application**

**Swansboro Mullet Festival, Saturday & Sunday October 10-11, 2020**

**Festival Hours: Saturday 9:00am – 6:00pm, Sunday 10:00am – 5:00pm** (Vendors may choose to stay open on Saturday until 10:00pm)

**Completed application with signature, payment, photos, and documentation should be MAILED to:**

**Town of Swansboro**; 601 West Corbett Avenue; Swansboro, NC 28584

**Checks should be made payable to: Town of Swansboro**

**MAKE COPIES FOR YOUR FILES**

**Please PRINT clearly**

Business/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (during festival):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (REQUIRED):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NC Sales Tax ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check number of spaces below (definition of food vendor in vendor guidelines).

Food Vendor [$400 per 10’x10’ space]: # of spaces\_\_\_\_\_\_\_ x $400 = \_\_\_\_\_\_\_

Additional space [$40 per additional foot): # of additional feet \_\_\_\_\_\_\_\_x $40 = \_\_\_\_\_\_\_

List and describe all items to be sold:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOOD PREPARATION IS NOT ALLOWED UNTIL A PERMIT IS ISSUED BY THE ONSLOW COUNTY HEALTH DEPARTMENT.**

[attach additional sheets, if needed]

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Money Order **TOTAL Due**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Payment

Check ONE \_\_\_\_\_\_\_VISA \_\_\_\_\_\_\_MASTERCARD \_\_\_\_\_\_\_DISCOVER

CARD NUMBER: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

CVV Security Code \_\_\_ \_\_\_ \_\_\_

Expiration Date: Month \_\_\_ Year \_\_\_

I hereby authorize the Town of Swansboro to process my credit card for the amount due above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’

*I agree to abide by all rules, regulations, and guidelines, presented by the Town of Swansboro. Violators will be subject to dismissal without refund. I agree to the liability/hold harmless statement provided. I understand that the Town of Swansboro reserves the right to deny any application even if the applicant has participated in the show before. I understand that reasonable security will be provided, but I will not hold the Town of Swansboro or their representatives liable for loss, damage, or injury.*

*Submission of application indicates that participant hereby indemnifies and shall defend and hold harmless the Town of Swansboro, their employees, and their volunteers from and against all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney’s fees, costs and expenses of whatsoever kind or nature arising out of the participant’s participation in the Festival, including those arising from damage to property or injury to or death of participant, its customers, volunteers, employees, or subcontractors, whether arising before, during, or after the Festival and in any manner directly or indirectly caused, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence of participant or its customers, volunteers, employees, agents or subcontactors.*

*Further, that the participant releases the Town of Swansboro from any and all liability for loss or damage to property and merchandise used or sold by the participant in the operation of the booth due to theft, fire, storm, flood, and damages through any force of nature or otherwise.*

*The participant grants the Town of Swansboro permission to use any photographs, motion pictures, videos, recordings or any other record of participation in the Festival.*

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

*Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Items to be MAILED with application: Completed Application form, check or money order for total fee due, menu, photos, copy of $1,000,000 COI.