

**North Carolina Pecan Harvest Festival
Saturday, Nov. 4, 2017
Food Vendor Application**

Name of Vendor: _____

Address: _____

Telephone: _____ Alternate: _____

Email: _____

Description of food item(s): _____

Number of electric hookups requested: _____	Note: Electric hookups are limited and will be available on a first come basis.
Columbus Co. Health Dept. Food Permit Fee: _____ Required _____ Not Required \$75 Fee: _____ Enclosed _____ Not Enclosed Make check payable to Columbus County Health Department.	Note: Contact Health Dept. (910-640-6617) to discuss fee requirement.
NC Pecan Harvest Festival amount enclosed: _____ (\$250 fee; minimum deposit of \$100 required with application) Make check payable to NC Pecan Harvest Festival.	Note: Remainder of fee is required when notified of acceptance. No refund unless application is not accepted.

Deadline for applications: **October 13, 2017** Mail application, check(s), and completed Temporary Food Service Permit to:

NC Pecan Harvest Festival
PO Box 1321
Whiteville, NC 28472

The NC Pecan Harvest Festival Committee will not be responsible for stolen or damaged goods prior to or during the festival.

Printed Name of Person Responsible for Exhibit

Signature of Person Responsible for Exhibit