

**North Carolina Pecan Harvest Festival  
Saturday, November 3, 2018  
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