



APPLICATION FOR FOOD VENDOR SPACE - SATURDAY, OCTOBER 7, 2017
FOR FURTHER INFORMATION, PLEASE CONTACT
MARGE GRESHAM AT 910.579.0585 OR RGRESHAM2@ATMC.NET
www.sunsetatsunset.com

ALL INFORMATION MUST BE PROVIDED. PLEASE PRINT CLEARLY.

DUE TO OUR "SOLD OUT" STATUS EACH YEAR, ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN SEPTEMBER 1, 2017. BOOTHS WILL BE ASSIGNED ON A FIRST-COME, FIRST-SERVED BASIS. A BROCHURE OF VENDORS WILL BE DISTRIBUTED. YOU WILL NOT BE INCLUDED IF YOUR APPLICATION IS RECEIVED AFTER THE DUE DATE. LATE APPLICATIONS WILL BE ACCEPTED ON A "SPACE AVAILABLE" BASIS.

BOOTH NAME _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

E-MAIL: _____ NC Tax ID # _____

Required by the State of NC- Booth will NOT be assigned without this number.

PRODUCTS TO BE SOLD (PLEASE BE SPECIFIC)

PLEASE CHECK EACH OF THE FOLLOWING ITEMS YOU NEED AND INCLUDE FEE IN YOUR CHECK.

[] WATER \$10 VENDORS MUST PROVIDE THEIR OWN FOOD GRADE HOSES.

[] ELECTRICITY USE OF GENERATORS IS DISCOURAGED, BUT WILL BE CONSIDERED UPON REQUEST.

120 VOLT 20 AMP CIRCUIT @ \$50 FOR EACH RECEPTACLE OUTLET

240 VOLT 30 AMP CIRCUIT @ \$100 FOR EACH RECEPTACLE OUTLET

240 VOLT 50 AMP CIRCUIT @ \$150 FOR EACH RECEPTACLE OUTLET

LIST ALL REQUIRED ELECTRICAL CONNECTIONS:

DEVICE _____ QTY _____ @ \$ _____

DEVICE _____ QTY _____ @ \$ _____

DEVICE _____ QTY _____ @ \$ _____

ADDITIONAL CHARGES COULD APPLY SHOULD YOUR NEEDS BE EXTRAORDINARY.

[] PROVISIONS FOR WASTE WATER DISPOSAL. IF YES, INDICATE CAPACITY NEEDED. _____

ALL FOOD VENDORS ARE REQUIRED TO PROVIDE THEIR OWN SECURED SPECIALIZED VEHICLE OR TENT AND ALL EQUIPMENT FOR USE IN THE PREPARATION AND SALE OF THEIR PRODUCTS INCLUDING ANYTHING REQUIRED BY THE BRUNSWICK COUNTY HEALTH DEPARTMENT.

SPECIFY THE PREFERRED SIZE OF THE SPACE YOU WILL REQUIRE:

SPACE FEE: \$90 for average size space of 18 feet in width (the average width of two parking spaces)
\$30 for each additional 9 foot space
The average depth of our spaces is 18 ft. (the average depth of a single parking space)

SPECIFY TOTAL SPACE REQUIREMENT:

STANDARD SPACE @ \$90 ONE EXTRA SPACE @ \$30 TWO EXTRA SPACES @ \$60

FEES DUE:

REQUIRED SPACE FEES: \$90

EXTRA SPACE: \$ _____

FEES FOR ELECTRICITY:

120 VOLT 20 AMP CIRCUIT @ \$50 FOR EACH RECEPTACLE OUTLET # _____ \$ _____

240 VOLT 30 AMP CIRCUIT @ \$100 FOR EACH RECEPTACLE OUTLET # _____ \$ _____

240 VOLT 50 AMP CIRCUIT @ \$150 FOR EACH RECEPTACLE OUTLET # _____ \$ _____

You must provide heavy duty extension cord(s) and heavy duty hose(s).

<u>REQUIRED SPACE FEES</u>	<u>\$90</u>
<u>WATER</u>	<u>\$</u>
<u>TOTAL ELECTRIC</u>	<u>\$</u>
<u>EXTRA SPACE</u>	<u>\$</u>
<u>TOTAL FEES ENCLOSED:</u>	<u>\$</u>

MAKE CHECK PAYABLE TO TOWN OF SUNSET BEACH.

VENDORS ARE RESPONSIBLE FOR COLLECTING AND PAYING APPLICABLE NC SALES TAX.

VENDORS MUST PROVIDE THEIR OWN TIGHTLY COVERED TRASH BINS FOR THEIR OWN GARBAGE DISPOSAL.

APPLICATION FEES ARE NONREFUNDABLE. ANY FEES PAID WILL BE CONSIDERED A CHARITABLE DONATION. NO REFUNDS DUE TO INCLEMENT WEATHER. THE EVENT WILL NOT BE RESCHEDULED.

VENDORS ARE RESPONSIBLE FOR COMPLIANCE OF THE NC FIRE PREVENTION CODE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ASSST. FIRE CHIEF RICHARD CHILDRES AT 579-2456.

SEND COMPLETED VENDOR APPLICATION WITH YOUR CHECK AND A COPY OF YOUR CERTIFICATE OF INSURANCE NO LATER THAN SEPTEMBER 1, 2017 TO:

TOWN OF SUNSET BEACH ♦ SUNSET AT SUNSET ♦ ATTENTION: MARGE GRESHAM ♦
700 SUNSET BOULEVARD N ♦ SUNSET BEACH, NC 28468

Vendor Insurance Requirements

Your application cannot be processed without the following:

- Certificate of Insurance
- Signed Hold Harmless Agreement

General Liability Insurance Requirements:

Please attach a valid Certificate of Insurance evidencing the following:

- General Liability Limit:
 - \$1,000,000 Per Occurrence/\$2,000,000 Products Aggregate/ \$1,000,000 General Aggregate
 - Additional Insured Endorsements for the Town of Sunset Beach/Sunset at Sunset Festival
 - (CG 2010 and CG 2037 or equivalents)

INDEMNITY AND HOLD HARMLESS AGREEMENT - please complete and sign:

Agreement made this _____ day of _____ 2017, between _____ and
(print vendor name)
the Town of Sunset Beach.

I, _____ (print vendor name), shall indemnify and agree to hold harmless the Town of Sunset Beach/ Sunset at Sunset Festival from and against any and all liability, damage, expense, cause of action, suits, claims, penalties, or judgments arising from injury to person(s) sustained by anyone as a result of consuming food or drink acquired from me and/or resulting in any way from the operation of my festival space at the Sunset at Sunset Festival. I shall, at my own cost and expense, defend any and all suits against myself, and/or the Town of Sunset Beach resulting through my participation as a vendor at said festival.

Vendor Signature: _____ **Date:** _____

ADDITIONAL REQUIREMENTS FOR FOOD VENDORS
SATURDAY, OCTOBER 7, 2017
FOR FURTHER INFORMATION, PLEASE CONTACT
MARGE GRESHAM AT 910.579.0585 OR RGRESHAM2@ATMC.NET
WWW.SUNSETATSUNSET.COM

THE SUNSET AT SUNSET STEERING COMMITTEE IS PLEASED THAT YOU ARE INTERESTED IN PARTICIPATING IN OUR ANNUAL EVENT AS A FOOD VENDOR. **BRUNSWICK COUNTY REQUIRES THAT THEIR PERMITTING PROCESS BE COMPLETED AT LEAST TWO WEEKS PRIOR TO THE EVENT DATE.**

THE APPLICATION PROCESS:

1. RETURN THE COMPLETED APPLICATION FOR FOOD VENDOR SPACE APPLICATION CERTIFICATE OF INSURANCE, AND FEE WITH A CHECK TO THE TOWN HALL ADDRESS BELOW AND TO THE ATTENTION OF MARGE GRESHAM.
2. UPON RECEIPT OF THIS APPLICATION WE WILL INFORM THE BRUNSWICK COUNTY HEALTH DEPARTMENT THAT YOU ARE AN APPROVED FOOD VENDOR AND YOU WILL RECEIVE THE COUNTY APPLICATION FORM AND STATEMENT OF REQUIREMENTS. AS OF JULY 2009, THE HEALTH DEPARTMENT IS CHARGING A \$75 PERMIT FEE. SEE NEXT PAGE.
3. VENDOR SPACES WILL BE ASSIGNED IN THE ORDER IN WHICH THE APPLICATIONS ARE RECEIVED AND PROCESSED.
4. ONCE APPROVED, YOU WILL NEED TO BE SET UP THE MORNING OF THE EVENT IN TIME FOR THE HEALTH DEPARTMENT INSPECTION.

OTHER INFORMATION:

ONLY VENDORS WHO PREPARE FOOD AT THE SITE MUST OBTAIN A HEALTH DEPARTMENT PERMIT. EACH VENDOR IS RESPONSIBLE FOR CONTACTING THE COUNTY HEALTH DEPARTMENT: 910.253.2323

MAIL TO: TOWN OF SUNSET BEACH ♦ SUNSET AT SUNSET ♦ ATTENTION: MARGE GRESHAM ♦
700 SUNSET BOULEVARD N ♦ SUNSET BEACH, NC 28468

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

You must submit completed application with the \$75.00 application fee at least two (2) weeks before the event. Make check payable to:

BRUNSWICK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
P. O. Box 9, Bolivia, NC 28422

PLEASE COMPLETE THE FOLLOWING INFORMATION REQUESTED BELOW:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELLPHONE # _____

NAME OF CONCESSION OR GROUP: _____

DATES OF OPERATION: SATURDAY, OCTOBER 7, 2017

FESTIVAL NAME OR LOCATION: SUNSET AT SUNSET, SUNSET BEACH, NC

EVENT COORDINATOR: MARGE GRESHAM PHONE #910.579.0585

MENU: _____

WATER SUPPLY: _____

SOURCES OF FOOD: _____

NO FEES OR APPLICATIONS WILL BE ACCEPTED IN THE FIELD!!!

*****ENVIRONMENTAL HEALTH FEE'S ARE NON REFUNDABLE! *****

*****Applicants with tax exempt status, are also fee exempt, however, application must still be completed and submitted to BCHD***Tax Exempt ID# _____**