



APPLICATION FOR FOOD VENDOR SPACE - SATURDAY, OCTOBER 2, 2021
 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 & checks must be received no later than August 1, 2020. Booths will be assigned on a first-come, first-served basis. Late applications will be accepted on a "space available" basis and must pay a non-refundable \$25 Late Fee.

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. _____

Would you like the same space as last year? Yes No NA Space # _____

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.

Fees For Electricity:

	# Needed	Total
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	# _____	\$ _____
<u>Total Electric Charges</u>		<u>\$ _____</u>

Tables And Chairs Are Available At The Following Costs:

	# Needed	Total
1 – 8 Ft Table @ \$11.00 (Table Covers Not Provided)	_____	\$ _____
1 Folding Chair @ \$3.50	_____	\$ _____
<u>Total Cost Of Tables And Chairs</u>		<u>\$ _____</u>

Required Space Fee..... \$90

Total Electric Charges \$ _____

Total Cost Of Tables And Chairs \$ _____

Extra Space Fee..... \$ _____

Water \$ _____

Late Fee \$ _____

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

Total Fees Enclosed: \$ _____

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 Deputy 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 August 1, 2021 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 _____ 2021, 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:** _____

The undersigned understands that by failing to abide by the rules s/he may be asked to leave the Festival and no refund will be made.

ADDITIONAL REQUIREMENTS FOR FOOD VENDORS
SATURDAY, OCTOBER 2, 2021
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 the completed application with the \$75 application fee at least two (2) weeks before the event.

Make check payable to:

BRUNSWICK COUNTY HEALTH SERVICES
ENVIRONMENTAL HEALTH SECTION
P.O. BOX 9, BOLIVIA, NC 28422
910.253.2150 (O) 910.253.5952 (F)

PLEASE COMPLETE THE FOLLOWING INFORMATION REQUESTED BELOW:

NAME: _____

ADDRESS: _____

HOME PHONE#: _____

CELL PHONE#: _____

EMAIL ADDRESS: _____

DATES OF OPERATION: _____

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

NAME OF CONCESSION: _____

EVENT COORDINATOR: _____

PLEASE ATTACH ALL PROPOSED MENU ITEMS WITH THIS APPLICATION

A preparation sink will be required if any produce items will be cleaned at the event. Cooling logs will be required for any food items which are heated and cooled prior to the event, see attached. If any menu items will be prepared prior to the event, include the location, menu items and date(s) of preparation.

SOURCES OF FOOD: _____

NOTE: Food shall be secured at all times to prevent tampering and contamination. If food will be left unattended please describe how it will be secured against tampering and contamination.

NOTE: All receipts for food supplies must be available for review to this Department upon permitting

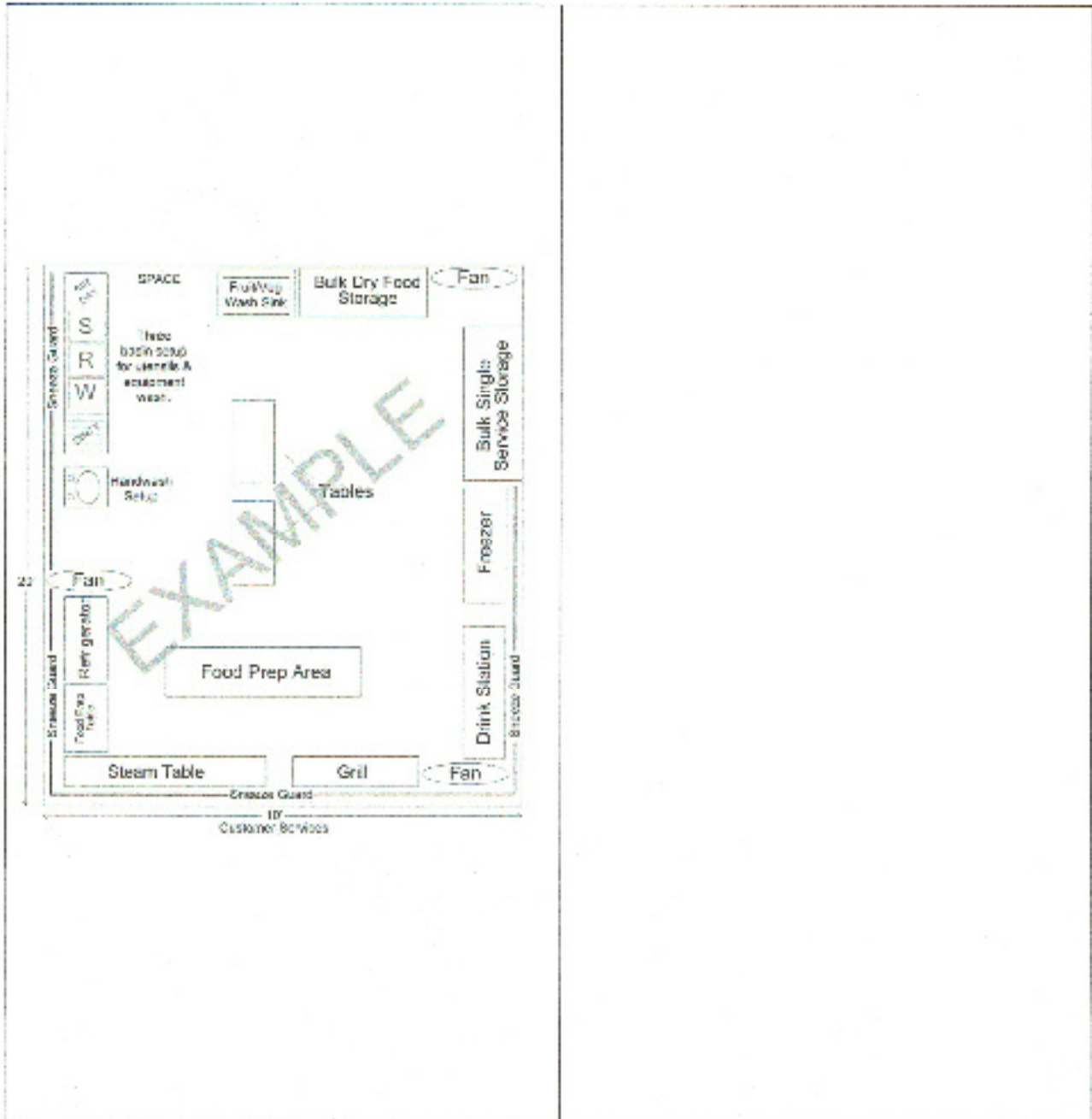
WATER SUPPLY: _____

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

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

Application for Temporary Food Establishment (Equipment Layout)

Draw in the location and identify all equipment including handwashing facilities, dishwashing facilities, grills, refrigerators, hot holding equipment, work tables, etc.



Applicant Signature: _____

Date: _____