

2025 Fourth of July Freedom Festival Vendor Form

**9:00 a.m. to 1:00 p.m.**

Food Vendor\* Retail Vendor Non-Profit (Information Only)

\_\_\_\_\_\_ $50.00 \_\_\_\_\_$25.00 \_\_\_\_\_\_No Fee

\_\_\_\_\_\_ Need Electric

\*All Food Vendors must contact the Health Department 2 weeks in advance to obtain a permit. Contact Joe Jack Sellers 828-389-8326. Your permit must be on display at booth during the event.

Please Print:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Food/Product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Vendor Guidelines**

1. I will use the booth assigned to me and will provide my own display equipment and understand that set up will need to be complete by 8:30 a.m. on July 4. Extra vehicles need to be parked behind City Hall.

2.  I understand that this is a rain or shine event and no refunds will be given.

3.  I understand there will be NO refunds after June 28, 2024 for preregistered vendors.

4.  I understanded that I am responsible for paying sales tax due on sales made.

5.  I agree to release and hold harmless the Clay County Chamber of Commerce staff, board members and volunteers, and those connected with this event, from liability in any way for loss or damage of items, displays, theft, or injuries to persons participating in this event.

6.  I understand that all items must be the work of the exhibitor. No buy/sell items from exhibitors or sales reps.

I have received a copy of and agree to abide by the vendor rules.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please remit payment to : CLAY COUNTY CHAMBER OF COMMERCE**

**96 Sanderson St., Hayesville, NC. 28904**

**Contact Information:**

**Phone: (828) 389-3704 Email:** [**director@claychambernc.com**](mailto:director@claychambernc.com) **Website: www.claychambernc.com**