

Mullet Festival Non-Food Vendor NEW Application
Swansboro Mullet Festival, Saturday & Sunday October 10-11, 2026
Festival Hours: Saturday 9:00am–6:00pm, Sunday 10:00am–5:00pm
(Vendors may choose to stay open on Saturday until 10:00pm)

<i>Office Use Only</i> Date received _____ Space Assigned: _____
--

Completed application with signature, payment, photos, and documentation should be MAILED to:

Town of Swansboro, Attn: Parks & Recreation Dept.; 601 West Corbett Avenue;
Swansboro, NC 28584

Checks should be made payable to: **Town of Swansboro**

Please PRINT clearly

Business/Organization: _____

Contact Person: _____ Birthdate (req'd by registration system) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (during festival): _____

Email (REQUIRED): _____

Website: _____

NC Sales Tax ID Number (REQUIRED): _____

Check type of vendor and number of spaces below (definition of type in vendor guidelines).

___ Arts & Crafts Vendor [\$160 per 10'x10' space]: # of spaces _____ x \$160 = _____

___ Home Business Vendor: [\$160 per 10'x10' space]: # of spaces _____ x \$160 = _____

___ Commercial Vendor [\$210 per 10'x10' space]: # of spaces _____ x \$210 = _____

___ Non-profit Vendor [\$125 per 10'x10' space]: # of spaces _____ x \$125 = _____

List and describe all items to be sold: _____

[attach additional sheets, if needed]

Check one: _____ Tent _____ Trailer [Length including tongue: _____]

Check # _____ or Money Order

TOTAL Due _____

Credit Card Payment – NOTE – 2.5% credit card fee is charged on all transactions

Please ensure that your credit card billing address matches the address you have given us.

Check ONE _____ VISA _____ MASTERCARD _____ DISCOVER

CARD NUMBER: _____

CVV Security Code _____

Expiration Date: Month _____ Year _____

I hereby authorize the Town of Swansboro to process my credit card for the amount due above.

Signature _____ Date _____

PRIOR TO SIGNING, BE SURE YOU HAVE READ ALL VENDOR GUIDELINES

I agree to abide by all rules, regulations, and guidelines, presented by the Town of Swansboro. Violators will be subject to dismissal without refund. I agree to the liability/hold harmless statement provided. I understand that the Town of Swansboro reserves the right to deny any application, even if the applicant has participated in the show before. I understand that reasonable security will be provided, but I will not hold the Town of Swansboro, or their representatives liable for loss, damage, or injury.

Submission of application indicates that participant hereby indemnifies and shall defend and hold harmless the Town of Swansboro, their employees, and their volunteers from and against all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney's fees, costs and expenses of whatsoever kind or nature arising out of the participant's participation in the Festival, including those arising from damage to property or injury to or death of participant, its customers, volunteers, employees, or subcontractors, whether arising before, during, or after the Festival and in any manner directly or indirectly caused, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence of participant or its customers, volunteers, employees, agents or subcontractors.

Further, that the participant releases the Town of Swansboro from any and all liability for loss or damage to property and merchandise used or sold by the participant in the operation of the booth due to theft, fire, storm, flood, and damages through any force of nature or otherwise.

The participant grants the Town of Swansboro permission to use any photographs, motion pictures, videos, recordings or any other record of participation in the festival.

Cancellation/Refunds: Non-attendance or non-participation in a program does not entitle a patron to a refund of the registration fee. If a participant withdraws and the space can be filled by another participant, a full refund can be granted. Department Directors may approve full or partial refunds for unusual circumstances limited to medical, job relocations, dissatisfaction and other circumstances.

Signature _____

Date _____

Items to be MAILED with application: Completed Application form, check or money order for total fee due, photos, copy of Tax Exemption letter for Non-Profits.