Mullet Festival Non-Food Vendor NEW Application

Swansboro Mullet Festival, Saturday & Sunday October 9-10, 2027
Festival Hours: Saturday 9:00am–6:00pm, Sunday 10:00am–5:00pm
(Vendors may choose to stay open on Saturday until 10:00pm)

Office Use Only
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:_____

_____

_____

Check one: _☐_Tent _☐_Trailer _☐_Truck [Length including tongue:_____]

Check #_____ or Money Order Serving window: ☐ N/A ☐ Driver Side

TOTAL Due_____ ☐ Passenger Side

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.