



Commercial Booth & Midway Vendor Rentals

2019 Fair Dates

Tuesday October 8th – Saturday October 12th

FIVE DAYS OF FAIR FUN THIS YEAR.....

Contact Information:

Burle Pate (Vendor Co-Chair)

252-908-1836

Lloyd Moody (Vendor Co-Chair)

252-522-2966

Mailing Address:

LCFA, Inc.

PO Box 6024

Kinston, NC 28504

Physical Address:

401 Fairgrounds Road

Kinston, NC 28504



CONTRACT FOR COMMERCIAL BOOTH & MIDWAY RENTALS
COMPLETED APPLICATIONS MUST BE RETURNED WITH PAYMENT NO LATER THAN SEPTEMBER 30, 2019

I, _____ representing, _____.
Hereby agree to the rental of booth/midway space at the Lenoir County Agricultural Fair from October 8th – October 12th, 2019. I am knowledgeable of the rental price and agree to pay the price of \$_____ for a _____ space. My preference of location would be _____.
However, I understand that I may be given the next closet available space in the event it was previously rented and has been paid first. Included in the rental fee will be passes for each day of the fair. It will be my responsibility to distribute the passes to different people working in the site. Booth passes are for workers only.

Should circumstance prevent me from occupying this booth, I fully understand that I am obligated to the Lenoir County Fair Association, Inc. for the agreed rental fee. In the event I wish to rent the table/chair set, it is understood that I will be responsible for any damage done to the equipment and that I will be responsible for the replacement cost at 100%. The tables are standard 8' and the chairs are folding medal chairs. I also understand that I am not to leave expensive items or a large volume of merchandise in the space overnight, as the Lenoir County Fair Association, Inc. will not be responsible for any loss or damage.

_____ Yes, I wish to rent _____ set(s) of table/chair units at \$30.00 per set.

In order to prevent as much duplication as possible in types of spaces, please indicate what you will be offering in your space. Please be as specific as possible.

- **G.S. § 66-255 requires the operator of event to: COMPLETE IN DETAIL**

Vendor's Legal Name: _____

- Vendor's Permanent Address: _____
- Vendor's Certificate of Registration Number (Sales Tax Account ID #)
- Sales Tax ID# _____
- Visual inspection of valid certificate of registration at time of registration with operator.
- Require each vendor to keep the certificate of registration conspicuously and prominently displayed.
- Maintain the registration list for two years
- Make registration list available upon request to an authorized agent of the Department of Revenue.

ALL SPACES MUST BE COMPLETE WITH SET-UP BY TUESDAY OCTOBER 8TH @ 2PM

Print Name

Company Name

Signature

Date

Cell Phone #

By completing your registration, you are indicating that you have read and agree to all terms, rules and regulations as written in the vendor terms. Please be sure to read them thoroughly to ensure you are aware of our rules and expectations.

