

FOURTH OF JULY CELEBRATION
WEDNESDAY, JULY 3, 2024 - 6:00 P.M. - 11:00 P.M.
Rudisill Stadium, Cherryville
(Hwy 150 Across from Cherryville Fire Department)

APPLICATION

Name of Food Vendor _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone – Days _____ Nights _____
Fax _____ Email _____
Website _____

Will you be selling from Booth__ Tent__ Cart__ Trailer _____

Length of trailer _____

How much space will you require? _____

Vendors will be allowed three main menu items (1) _____

(2) _____ (3) _____

List alternate items you can sell if selected items are already
taken _____

All food vendors must submit recent photo of trailer or other set-up being
used.

Do you carry liability insurance? Yes ___ No ___

Amount of coverage _____ Name of insurance
company _____

Policy No. _____

Fee for food vendors will be \$100.00 for 10' X 20' space.

If more than 1 space is required, each additional space is \$40.00.

TOTAL _____

ATTRACTIONS

Type of Attraction or ride _____

Space and electrical Requirements for Attraction _____

Number of spaces required. _____ x \$100.00 per space: Total \$ _____

Do you carry liability insurance? Yes ___ No ___

Amount of coverage _____

Name of insurance company _____ Policy No. _____

ELECTRICAL HOOK-UP

Generator Only!!

RULES & REGULATIONS

The Fourth of July Celebration is an outdoor festival and will go on RAIN OR SHINE. There will be no rain date. All fees are due with application. There will be no refunds after June 7, 2024. All food vendors must be in place before 5:00 P.M. and ready to sell by 6:00 P.M. You must quit selling by 10:00 P.M. **All tents must have tent weights in case of heavy winds.**

WAIVER

I AGREE NOT TO HOLD THE City of Cherryville, Cherryville Chamber of Commerce / Cherryville Main Street Program, its employees, or any institute or government agency responsible for loss, damage, or theft of work. I furthermore agree to indemnify, defend, and hold harmless the City of Cherryville and the Cherryville Chamber of Commerce / Cherryville Main Street Program its officials or employees for any claims or demands arising from this event.

APPLICANTS SIGNATURE _____ DATE _____
(APPLICATION VOID WITHOUT SIGNATURE)

Food vendor fee _____

Electrical hook-up fee _____

TOTAL FEE _____

SUBMIT CHECKS TO:
Cherryville Chamber of Commerce
Independence Day Celebration
P. O. Box 305
Cherryville, N. C. 28021