

## CANDY CANE MARKET 2025 VENDOR APPLICATION

Saturday, November 8, 2024 – 9amto 3pm Sunday, November 9, 2024 – 10amto 3pm Immaculate Heart of Mary Catholic Church – 1433 Hghway 64 West, Hayesville NC 28904

|  |  | Vendor Informa  | tion (Please Print)  |  |  |
|--|--|---|--|--|--|
| Vendor:  |  |   |  |  |  |
|  | Last   | First   |  | Business Name  |  |
| Address:   |  |   |  |  |  |
|  | Mailing Address  |   |  |  |  |
|  | City   |   |  | State  | ZIP Code   |
| Ph (Cell):                                       |  | Ph (Other):   | Email:   |  |  |
|  |  |   |  |  |  |
| Description                                      | of Product(s):   |   |  |  |  |
|  |  |   |  |  |  |
| -  | _  | Vendor A  | Agreement  | _  |  |
| Event Fee  | Per Space (10ft x 10   | <mark>0ft)</mark> : On or before August 31 <sup>st</sup> - \$   |  |  |  |
| Number of  | Spaces Requested:  |   | <u>Amo</u>   | unt enclosed:  | \$   |
| Electricity:                                     | I require electrical ho  | ook-up. <b>Yes: No:</b>   |  |  |  |
| Raffle Dona                                      | ation: I acknowledge   | I am required to, and will provide  | one piece of my art or cr  | raft for raffle.   | Initial here:  |
|  |  |   |  |  |  |
| Sales Tax:                                       | I acknowledge that it  | t is my responsibility to pay any ap  | plicable State Sales Tax   | on transactio  | ns. Initial here:  |
| I agree to tl<br>refunds wil                     | ne above. I understand<br>l be given without app   | d booths will be assigned based on<br>proval of the event committee. I wi   | date/time of receipt of a<br>ll use the booth(es) and d  | pplication and   | d fees. I understand that no                                       |
| I agree to tl<br>refunds wil                     | ne above. I understand<br>l be given without app<br>display equipment, a   | d booths will be assigned based on<br>proval of the event committee. I wi<br>nd will stay within my designated :  | date/time of receipt of a<br>ll use the booth(es) and d<br>space.  | pplication and<br>area(s) assign   | d fees. I understand that no<br>ed, will provide tables,           |
| I agree to tl<br>refunds wil<br>chairs, and      | ne above. I understand<br>l be given without app<br>display equipment, a<br><b>Signa</b>   | d booths will be assigned based on<br>proval of the event committee. I wi<br>nd will stay within my designated s<br>ture:   | date/time of receipt of a<br>ll use the booth(es) and d<br>space.  | pplication and<br>area(s) assign   | d fees. I understand that no ed, will provide tables, <b>Date:</b> |
| I agree to the refunds will chairs, and *Make    | ne above. I understand<br>I be given without app<br>display equipment, a<br><b>Signa</b><br>checks payable to <b>IM</b> I                  | d booths will be assigned based on proval of the event committee. I wind will stay within my designated sture:  MACULATE HEART OF MARY CA   | date/time of receipt of a<br>ll use the booth(es) and a<br>space.  | pplication and area(s) assign one Candy Ca                                 | d fees. I understand that no ed, will provide tables,              |
| I agree to the refunds will chairs, and *Make    | the above. I understand<br>I be given without app<br>display equipment, a<br><b>Signa</b><br>Checks payable to IMI<br>Il to: IMMACULATE HE | d booths will be assigned based on<br>proval of the event committee. I wi<br>nd will stay within my designated s<br>ture:   | date/time of receipt of a<br>ll use the booth(es) and o<br>space.<br>THOLIC CHURCH. Den<br>IE MARKET, 1433 HIGHV   | pplication and<br>area(s) assign<br>ote Candy Ca<br>VAY 64 WEST            | d fees. I understand that no ed, will provide tables,              |
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