



CANDY CANE MARKET

2025 VENDOR APPLICATION

Saturday, November 8, 2024 – 9am to 3pm

Sunday, November 9, 2024 – 10am to 3pm

Immaculate Heart of Mary Catholic Church – 1433 Highway 64 West, Hayesville NC 28904

Vendor Information (Please Print)

Vendor: _____
Last First Business Name
Address: _____
Mailing Address
City State ZIP Code
Ph (Cell): _____ Ph (Other): _____ Email: _____

Description of Product(s): _____

Vendor Agreement

Event Fee Per Space (10ft x 10ft): *On or before August 31st - \$75. Thereafter - \$100.*

Number of Spaces Requested: _____ **Amount enclosed:** \$ _____

Electricity: *I require electrical hook-up. Yes: _____ No: _____*

Raffle Donation: *I acknowledge I am required to, and will provide one piece of my art or craft for raffle. Initial here: _____*

Sales Tax: *I acknowledge that it is my responsibility to pay any applicable State Sales Tax on transactions. Initial here: _____*

I agree to the above. I understand booths will be assigned based on date/time of receipt of application and fees. I understand that no refunds will be given without approval of the event committee. I will use the booth(es) and area(s) assigned, will provide tables, chairs, and display equipment, and will stay within my designated space.

Signature: _____ **Date:** _____

*Make checks payable to IMMACULATE HEART OF MARY CATHOLIC CHURCH. Denote Candy Cane Market in the memo line.

Mail to: IMMACULATE HEART OF MARY, ATTN: CANDY CANE MARKET, 1433 HIGHWAY 64 WEST, HAYESVILLE NC 28904

PLEASE ATTACH A BUSINESS CARD WITH APPLICATION AND PAYMENT.

Vendor Badges (Please print names of all vendor's attendees)

#1	#4
#2	#5
#3	#6

Candy Cane Committee - Internal Use Only

Date/Time Received		Booth(s) assigned		Vendor informed (date/initials)	
Notes					