

Monte McCallum
413 Madison Street
Fairmont, NC 28340
919-649-1670
Email: montemccallum@gmail.com

Dear Vendor:

Enclosed you will find an application for a concession booth for the Fairmont May Day Fun Festival, which will be held on Saturday, May 3, 2025.

The vendor spaces will all be located on Main Street, just like last year.

Please read carefully and respond to all questions. A money order of \$125 must accompany your application made out to the Town of Fairmont, with the memo line "May Day Fun Festival". (No Personal Checks). There will be no refunds. **Please send in your application as soon as possible.** The deadline for sending in applications is April 4, 2025.

The Robeson County Department of Public Health also requires all food vendors to complete a Temporary Food Establishment (TFE) Permit Application, which is also attached.

The Town of Fairmont's insurance company is also requesting that all vendors provide a certificate of insurance.

Looking forward to hearing from you soon.

Sincerely,

Monte McCallum
919-649-1670



CONCESSION APPLICATION RULES OF PARTICIPATION

1. The Festival Concession Committee and Chairman of the Festival reserve the right to reject any application.
2. There will be absolutely no electricity services that the Festival will provide.
3. While the Committee will try to give you a fair location, your previous location is not guaranteed and if you don't like your location you forfeit your fee.
4. All vendors must pay for their concession booth. Fees will not be waived for non-profit and civic groups.
5. **A money order must accompany your application. Please return application to the address on your application.**
6. **By regulation of the Health Department, each concession booth must have antibacterial soap, gloves, a clean water dispenser and a bucket to catch the dirty water. Your food coolers will be checked for temperature and your booth will be inspected after you have set up by an Inspector from the Health Department. The Health Department has final authority on whether you can serve food or not. For more information, contact the Robeson County Health Department, 910-272-6560.**
7. **Certificate of insurance is required by the Town of Fairmont's insurance company.**
8. **There will be no refunds.**
9. Enter as early as 6:30 a.m. You must be finished setting up by 8:00 a.m. All vehicles can be parked behind tent/trailer and your location should be ready by 8:30 a.m. If not, you forfeit your right to this location.
10. Close down by 4:00 p.m. You should be out and your area should be cleaned no later than 5:00 p.m.



CONCESSION APPLICATION
FESTIVAL DATE - May 3, 2025
Application Deadline April 4, 2025

PLEASE TYPE OR PRINT:

Organization Club _____

Person to be in charge of concession _____

Street Address _____

City, State, Zip _____

Daytime Telephone _____ Evening Telephone _____ Cell _____

Email address _____

What foods do you wish to serve this year? _____

Type and size of set-up: (example: trailer, tent, etc. Please note if you have a RV) _____

Check the following that apply to your booth, this will help determine your location:

- _____ Open Grill
- _____ Furnishing your own truck/trailer
- _____ Using a generator

THE COST OF BOOTHS WILL BE \$125.00
Money order preferred made out to the Town of Fairmont, memo line "May Day Fun Festival"

PLEASE PROVIDE PROOF OF INSURANCE! (REQUIRED TO HAVE A BOOTH)

We will be forwarding to you INSTRUCTIONS and BOOTH MAP before May 6





ROBESON COUNTY HEALTH DEPARTMENT
THE NATION'S FIRST RURAL HEALTH DEPARTMENT

Environmental Health Division
460 Country Club Road
Lumberton NC 28360
Office (910) 272-6560 Fax: (910) 671-5969

TEMPORARY FOOD ESTABLISHMENT (TFE) PERMIT APPLICATION

Event Information

Event Name: Fairmont May Day Fun Festival

Event Coordinator: Monte McCallum

Location: Main Street, Fairmont, NC

Setup Date & Time: Saturday, May 3, 2025, 6:30 a.m.

Dates: Starting 05/3/2025 Time 6:30 am Ending 05/3/2025 Time 4:00 p.m.

Vendor Information

Organization/Business Name: _____

Contact Name: _____ Phone _____ Cell _____

Address: _____ Fax _____ Pager _____

City: _____ State _____ Zip _____

Menu: _____

Note: If nonprofit, tax exempt or political fundraising group, attach documentation for exemption status.

MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED

Applicant's Signature: _____ Date: _____

Specialist's Signature: _____ Date: _____

FOR ENVIRONMENTAL HEALTH SECTION USE ONLY

_____ Permit is required

_____ Permit is not required- exempt under GS130A-250(7) or food items not regulated under 15A NAC 18A.2600