2026 Fall Festival

Town of Mount Gilead, NC

Vendor Application

October 17, 2026 - 10 am to 5 pm - Downtown Mount Gilead

Please complete this application and return it, along with vendor fee, to the Town Hall at 207 N. Main Street by ***August 30, 2026.***

- Vendor set up begins at 8:30am and sites are cleared by 5:30pm
- Vendors are responsible for bringing and setting up their own equipment, canopies, tables & chairs.
- All vendors are responsible for removing trash & belongings from their site at the end of the event
- You cannot sell silly string, smoke bombs, fireworks, or any other nuisance items. T-Shirts are allowed to be sold as long as there isn't any lewd or offensive graphics. Town of Mount Gilead reserves the right to censor any booth.

Registration must be paid in advance by cash, check, or money order made payable to the Town of Mount Gilead. Fees are non-refundable and **no space is held without payment.** Vendor fees are;

In-Town: $40 Out-of-Town: $50 Food Truck: $60 Returned Check: $35

Spaces are reserved on first-come, first- served basis. We reserve the right to limit "like" booths to ensure a variety of vendors. Food Trucks will be placed by staff.

Business/Organization Name: _____

Contact Name: _____ Phone: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Vendor Description

☐ Food /Drink - Food Truck ☐ Services ☐ Nonprofit/Community Organization
☐ Food/Drink - Vendor Table ☐ Products ☐ Other

Please briefly describe goods/services available at your booth:

_____

_____

No electricity or running water is available at vendor site. Do you intend to bring a generator? ☐ Yes ☐ No ☐ N/A

Additional Information:

_____

_____

Continue to back

Acknowledgement

I acknowledge that I have read, understand, and agree to comply with the Vendor Responsibilities. I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY
Received by: _____ Date: _____ Payment Date: _____ Payment Amount: _____ Notes: _____ _____