

# Franklin-Southampton County Fair

## Civic Food Contract

Please fill in the information and return to:

**Daniel Johnson**

**205 Cypress Ave**

**Franklin, VA 23851**

**757-651-8483**

Aug 6-9th, 2025

### Food Concession Conditions:

1. Pay \$50 initial fee + 10% of daily gross sale. Not to exceed \$400. Make checks payable to FSCF.
2. 15 one day passes will be given to the organization. These passes are not transferable, allowing one admission, collected at the gate. Please make ALL your workers understand that they must pay admission at the gate if they do not have a ticket. NO EXCEPTIONS. Tickets will be expected from everyone in your booth.
3. The unloading of supplies should be completed at least one hour before the opening of the fair each day. By 3pm Wed thru Friday, and by 9am Saturday.
4. No vehicle will be allowed to park in the fairgrounds. Only in the outside lots.
5. Each Concessionaire sets his/hers prices for food. Please list all your menu items.
6. NO ALCOHOLIC BEVERAGES may be sold or CONSUMED by anyone working or hanging out in your booth. This will not be tolerated. Violators will be asked to leave. This means the entire civic group. NO REFUNDS!!
7. Concession stands will be open 4-10pm Wed – Fri and 10a-10p on Saturday.
8. There is a fee of \$150 to vendors wanting to sell merchandise other than food in their booths.
9. It is YOUR responsibility to apply for a temporary food permit. The fee is 40.00. You must obtain an application and have all papers completed 2 weeks prior to the fair. Food permit fees are paid to Southampton County Health Department.

***Southampton County Health Department***

***26022 Administration Center Dr***

***PO Box 9***

***Courtland, VA 23937***

***Charlotte Brayman***

***[Charlotte.Brayman@vdh.virginia.gov](mailto:Charlotte.Brayman@vdh.virginia.gov)***

***757-653-3040***

We agree to sell food concessions following the above conditions at the 2024 Franklin-Southampton Co Fair. We understand that the liability Insurance carried by the fair does not cover any injury that may occur while working the concession.

GROUP NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

MENU

ITEMS \_\_\_\_\_

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