

Food Product Description:

2026 Food Sales Request Form

Information required for any exhibitor requesting permission to sell food products that could be CONSUMED on site.

- 1. Park Expo / Park Property Management, has full control and final say on any food items that are sold at the Expo Center.
- 2. This Exhibitor form is required and should be approved by The Park before any exhibitor space contracts are executed. Minimum fee for on-site food sales is \$200.00 per show day
- 3. After review of your information, you will be put into the proper category and commission fees and/or flat-rate fees will be assessed and agreed upon prior to being allowed into the event.
- 4. NO SALES of any hot, cold, frozen beverages, No bottle or can drinks are allowed.
- 5. Once approved you are not allowed to alter any of the food product specifications listed with-in this application.
- 6. All food exhibitors/vendors are required to have a Certificate of Insurance with Park Property Management / The Park Expo & Conference Center as an additional insured. NC Sales and Use tax Certificate as well as Mecklenburg County Tax must be paid by the vendor. You are also required to have all proper NC Health Department or NC Dept. of Agriculture certifications as required for your food products.
- 7. There are several factors that will be taken into consideration during the review process. Food product, packaging, size of serving and pricing. Part of the review process will evaluate if your products are competing with other authorized food vendors that have similar items? Is the food product main focus on-site consumption or packaged for take home as a gift?
- 8. Decisions by the Park Expo review process are final.

This application must be submitted at least 21 days prior to event move-in day. If you are a last minute exhibitor please call direct to discuss. 980-365-7568

Please Print ... you may attach additional relevant information with product photos or other promotional materials etc.

Serving Size and / or number in package:	
Type of Packaging:	
Price of Item:	,
Food Product Description:	
Serving Size and / or number in package:	
Type of Packaging:	
Price of Item:	

Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com		PARTIE
Type of Packaging: Price of Item: Food Product Description: Serving Size and / or number in package: Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event	Food Product Description:	
Price of Item: Food Product Description: Serving Size and / or number in package: Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Serving Size and / or number in package:	
Food Product Description: Serving Size and / or number in package: Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event	Type of Packaging:	
Serving Size and / or number in package: Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address OFFICE USE ONLY Send completed form to: Attn. hmills@theparkexponc.com	Price of Item:	
Serving Size and / or number in package: Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address OFFICE USE ONLY Send completed form to: Attn. hmills@theparkexponc.com		
Type of Packaging: Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Food Product Description:	
Price of Item: ATTACH ADDITIONAL SHEET IF REQUIRED Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Serving Size and / or number in package:	
Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Type of Packaging:	
Name of Event Event Date Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Price of Item:	
Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	ATTACH ADDITIONAL SHEET IF REQUIRED	
Company Name LLC Corp Incorporated Contact Name Phone Number Email OFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com	Name of Event Sevent Date	
Contact NamePhone Number EmailOFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com		
EmailOFFICE USE ONLY Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com		
Address City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com		
City, State and Zip Federal Tax ID number Send completed form to: Attn. hmills@theparkexponc.com		
Send completed form to: Attn. hmills@theparkexponc.com		
Send completed form to: Attn. <u>hmills@theparkexponc.com</u>		,
	rederal Tax ID inditioet	
Will respond within 7 business days.	Send completed form to: Attn. <u>hmills@theparkexponc.com</u>	
THE TOP OF THE THE TENT OF THE	Will respond within 7 business days.	
Henry Mills 800 Briar Creek Road, AA 506 Charlotte, NC For questions call, Henry Mills, Business Manager 980-365-7568	· · · · · · · · · · · · · · · · · · ·	
Application Approved: YES Date: DENIED	For questions call, Henry Mills, Business Manager 980-365-7568	