

## RESERVATIONS FOR COUNTY ASSOCIATION BOOTHS:

County Association booth space may be reserved on or before August 1st. Reserve space by contacting Adolphus Leonard - [adolphus.leonard@ncagr.gov](mailto:adolphus.leonard@ncagr.gov). Booths not requested by this date will be assigned by invitation. Booth space will be allocated on basis of show record of applicant if there are more applicants than available space. Booths may be assigned on a first come, first served basis. Booth space assignments will be made before 9:00am Saturday, October 12. Exhibitors may begin setting up displays at 10:00 am Saturday, October 5 and must be in place for judging by 9:00 pm on Sunday, October 13, 2024.

## COUNTY ASSOCIATION BOOTH REGISTRATION GUIDELINES:

- Designate someone to represent your association. They will be known as your **Association Representative**.
- Your Association Representative will fill out a **paper entry form** to establish an account with the fair using the standard paper entry form. It will feature the association's federal tax ID and it will include a NC Substitute W-9 form filled out **for the Association**.
- Association members entering items **for the Association Display Booth** should submit their entries to their Association Representative. The Association Representative will submit the entries to the fair with a paper entry form.
- Individuals entering items **for themselves** can enter online or on paper, using their name and social security number. Members must fill out a NC Substitute W-9 form.
- Association Booth classes are only found in **DIVISION 105**.

## REGULATIONS FOR COUNTY ASSOCIATION BOOTHS:

There will be no peddling, hawking, or selling of any kind in or around booths that is not in keeping with Fair policy. Booths must be kept clean and neat. All items not on exhibit must be removed from exhibit area or stored in storage space under the booth. No boxes or other material shall be left on the floor behind the booths.

## DIVISION 105 – COUNTY ASSOCIATION DISPLAY BOOTH

**All entries included in the display will be assessed points towards sweepstakes consideration.**

Class 01 – DISPLAY OF 12 NECTAR PLANTS <i>Must show bloom. These may include living plants, pictures or other aids suitably mounted or displayed.</i>	\$20	\$15	\$10	\$8	
Class 02 – ONE FRAME WITH COM B FOR EXTRACTING <i>Plastic, wired or plain foundation.</i>	\$25	\$15	\$10		
Class 03 – ONE FRAME WITH COMB FOR CHUNK OR CUT <i>No wired or plastic foundation.</i>	\$25	\$15	\$10		
Class 04 – THREE SECTIONS OF COMB HONEY <i>In section boxes or rounds.</i>	\$20	\$15	\$10		
Class 05 – THREE SECTIONS CUT COMB HONEY <i>In containers. Suitable for retail. No liquid.</i>	\$20	\$15	\$10		
Class 06 – THREE JARS LIGHT COMB HONEY, CHUNK <i>Not less than 14 oz.</i>	\$20	\$15	\$10		
Class 07 – THREE JARS AMBER COMB HONEY, CHUNK <i>Not less than 14 oz.</i>	\$20	\$15	\$10		
Class 08 – THREE JARS EXTRA LIGHT AMBER EXTRACTED HONEY <i>Not less than 14 oz.</i>	\$30	\$25	\$15	\$10	\$5
Class 09 – THREE JARS LIGHT AMBER EXTRACTED HONEY <i>Not less than 14 oz.</i>	\$30	\$25	\$15	\$10	\$5
Class 10 – THREE JARS AMBER EXTRACTED HONEY <i>Not less than 14 oz.</i>	\$30	\$25	\$15	\$10	\$5
Class 11 – THREE JARS DARK AMBER EXTRACTED HONEY <i>Not less than 14 oz.</i>	\$30	\$25	\$15	\$10	\$5
Class 12 – THREE CONTAINERS CREAMED HONEY <i>Not less than 12 oz. Finely granulated. May use tubs or opaque containers. No labels.</i>	\$22	\$17	\$12		
Class 13 – THREE CONTAINERS FLAVORED CREAMED HONEY	\$22	\$17	\$12		
Class 14 – DISPLAY OF EXTRACTED HONEY <i>Not less than 50 lbs., in multiple clear containers with no container exceeding 2 1/2 pounds of capacity.</i>	\$50	\$30	\$20		
Class 15 – PURE BEESWAX SINGLE BLOCK <i>Not less than 10 lbs., in size and shape commonly on sale by the apiarist (additional blocks will enhance display and be noted in judging)</i>	\$20	\$15	\$10	\$8	
Class 16 – PURE BEESWAX PRODUCTS <i>Carvings, models, etc, must be composed of pure beeswax only-and not painted. No candles.</i>	\$20	\$12	\$10	\$8	\$6
Class 17 – MOLDED OR ROLLED CANDLES <i>Pure beeswax</i>	\$20	\$12	\$10	\$8	\$6
Class 18 – TWO DIPPED TAPERED CANDLES <i>Pure beeswax 8-12 inches. No dyes. 2 per entry.</i>	\$20	\$12	\$10	\$8	\$6
Class 19 – NOVELTY BEESWAX ITEMS <i>Similar to Class 16 but products other than beeswax may be used and items may be painted.</i>	\$15	\$12	\$10	\$8	\$6

Class 20 – BEESWAX AND/OR HONEY COSMETIC ITEMS - CREAM <i>Must have labels. List of ingredients required</i>	\$15	\$12	\$10		
Class 21 – BEESWAX AND/OR HONEY COSMETIC ITEMS - SOAP <i>Must have labels. List of ingredients required</i>	\$15	\$12	\$10		
Class 22 – BEESWAX AND/OR HONEY COSMETIC ITEMS - LIP BALM <i>Must have labels. List of ingredients required</i>	\$15	\$12	\$10		
Class 23 – ONE GIFT PACKAGE OF BEE PRODUCTS <i>Suitable for sale to public</i>	\$16	\$14	\$12	\$10	\$8
Class 24 – TWO BOTTLES OF NON-CARBONATED DRY MEAD <i>No flavor added* Approximately 26 oz. capacity each.</i>	\$25	\$15	\$12	\$10	\$8
Class 25 – TWO BOTTLES OF NON-CARBONATED SWEET MEAD <i>No flavor added* Approximately 26 oz. capacity each.</i>	\$25	\$15	\$12	\$10	\$8
Class 26 – TWO BOTTLES OF MEAD WITH FRUIT - DRY <i>Approximately 26 oz. capacity each.</i>	\$25	\$15	\$12	\$10	\$8
Class 27 – TWO BOTTLES OF MEAD WITH FRUIT - SWEET <i>Approximately 26 oz. capacity each.</i>	\$25	\$15	\$12	\$10	\$8
Class 28 – ONE BLACK & WHITE PRINT <i>Print of a honey bee or beekeeping related scene with appropriate caption. Must be mounted and no larger than 8x10 inches. Framing is optional.</i>	\$15	\$12	\$10	\$8	\$6
Class 29 – ONE COLOR PRINT <i>Print of a honey bee or beekeeping related scene with appropriate caption. Must be mounted and no larger than 8x10 inches. Framing is optional.</i>	\$15	\$12	\$10	\$8	\$6
Class 30 – QUILTS <i>Suitable for wall hanging</i>	\$20	\$12	\$10	\$8	
Class 31 – DECORATIVE ITEMS	\$20	\$12	\$10	\$8	
Class 32 – HAND DECORATED HIVE <i>Painted and/or decorated - functional</i>	\$20	\$12	\$10	\$8	
Class 33 – PAINTINGS	\$20	\$12	\$10	\$8	
Class 34 – JEWELRY	\$20	\$12	\$10	\$8	

A County Sweepstakes Ribbon will be awarded to the county exhibitor with the highest score, with points based on placings in Division 105. Scored on the following basis:

First place, 3 points, Second place, 2 points, Third place, 1 point.

1st: \$150 2nd: \$100 3rd: \$80 4th: \$70 5th: \$55 6th: \$50 7th: \$45

# NC STATE FAIR ENTRY FORM

DEADLINE SEPTEMBER 15

## CIRCLE YOUR ANSWERS

- Have you moved since the 2023 fair? YES NO
- Has your name changed since 2023? YES NO
- Did you win money at the 2023 fair? YES NO

### Association's Legal Name:

As it appears on tax documents

### Association's Legal Address:

As it appears on tax documents

City, State, Zip

County

E-mail address

Phone

Birth Date

### Association's Tax ID Number: (write *DECLINE* if you do not wish to receive money)

- Exhibitors are allowed to register for competitions without disclosing their Social Security Number.
- Choosing NOT to disclose their SSN at the time of registration forfeits any and all prize money.
- Prizes such as ribbons, medals, rosettes and plaques will still be awarded.
- State Fair staff WILL NOT contact winning exhibitors following the fair who did not submit their SSN at the time of registration.
- State Fair staff WILL NOT accept any calls/emails/etc. from winning exhibitors who chose not to disclose their SSN.

**IMPORTANT IRS INFORMATION:** Internal Revenue Service (IRS) regulations require that we have the Social Security Number (SSN) or Taxpayer Identification Number (TIN) which corresponds to the name to whom the check for prize money is written. If we are notified by the IRS that the SSN or TIN does not match the name of record, we will have to backup withholding taxes and you may be subject to a \$50 penalty by the IRS. A separate form should be used for each SSN/TIN. You must provide this information to be eligible for prize money. Also IRS regulations state that any prize money totaling \$600 or more in a calendar year must be reported on a Form 1099.

**Signature:** \_\_\_\_\_

By signing this form you are agreeing to the terms and conditions concerning social security numbers and all state fair rules and regulations.

MAIL FORM TO: NC State Fair Entry Office 1010 Mail Service Center Raleigh NC 27699-1010

Exhibitor Name: \_\_\_\_\_

Paper Entry forms are limited to 20 entries. Online entry at: [www.ncstatefair.org](http://www.ncstatefair.org) or <http://ncsfge.fairwire.com>

Division Number	Division Description <i>First three words as found in premium book</i>	Class Number	Class Description <i>First three words as found in premium book</i>

MAIL FORM TO: NC State Fair Entry Office 1010 Mail Service Center Raleigh NC 27699-1010  
**ENTRY DEADLINE IS SEPTEMBER 15**

Exhibitor Name: \_\_\_\_\_

Paper Entry forms are limited to 20 entries. Online entry at: [www.ncstatefair.org](http://www.ncstatefair.org) or <http://ncsfge.fairwire.com>

Division Number	Division Description <i>First three words as found in premium book</i>	Class Number	Class Description <i>First three words as found in premium book</i>

MAIL FORM TO: NC State Fair Entry Office 1010 Mail Service Center Raleigh NC 27699-1010  
**ENTRY DEADLINE IS SEPTEMBER 15**

NC Substitute W-9 forms are required. You won't get paid if the form is incomplete.  
If you make a mistake, start over on a new form.  
If you don't want prize money, write "DECLINE" across the form and turn it in.

## GUIDE TO FILLING OUT A NC SUBSTITUTE W-9 FORM


\*\*\* All sections marked with a red asterisk are required \*\*\*

### ***FILLING OUT THIS FORM FOR ASSOCIATIONS:***

*All associations are registered with the federal government and classified in some way, often as a Non-Profit. The NC Substitute W-9 form must be filled out with the same information as it appears on that account.*

- \*1.** *Check the SECOND BOX for Employer Identification Number (EIN)*
- \*2.** *Write the tax ID number in the blank space*
- \*4.** *Write the full legal name the same way it appears on tax records*
- \*Address line 1:** *Write the legal street number and street name*
- \*City** *Write the city*
- \*State** *Write the state*
- \*Zip Code** *Write the zip code*
- \*County** *Write your COUNTY like "Wake", NOT your country - like USA.*
- \*8. Contact Name** *Write the name of the person who is filling out the form*
- \*9. Phone Number** *Write your phone number*
- \*11. Email Address** *Write an email address where you can be reached*
- \*12. Entity Type** *Check the box that best describes your association or check "other" and write in whatever type of organization you are, like Non-Profit etc.*
- \*13. Entity Classification** *Check "Other" at the bottom of the list  
write "Contest Winner" in the blank space below it.*
- \*Printed Name** *Print the name as it appears on tax records*
- \*Printed Title** *Write whatever your title is, i.e. "Club President" or "Club Treasurer"*
- \*Authorized US Signature** *Signature must be of the person on file with the IRS.*
- \*Date** *Write the date you fill out the form*

Fillable form must be saved to your computer, named with your name, uploaded in ShoWorks when you register. You can also print this form, fill it out and mail it with your paper entry form.

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) <b>*Denotes a Required Field</b>	<b>STATE OF NORTH CAROLINA</b> <b>SUBSTITUTE W-9 FORM</b> <b>Request for Taxpayer Identification Number</b>	
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Section 1 – Taxpayer Identification	*1. <input type="checkbox"/> Social Security Number (SSN), OR <input type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) *2.	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.	
	*4. Legal Name (as registered with the IRS - see instructions):	3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):	
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:		
	<b>Contact Information</b>		
	*6. Legal Address	7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)	
	*Address Line 1:	Address Line 1:	
	Address Line 2:	Address Line 2:	
	*City                      *State                      *Zip (9 digit)	City                      State                      Zip (9 digit)	
	*County	County	
	*8. Contact Name:		
	*9. Phone Number:		
10. Fax Number:			
*11. Email Address:			
*12. Entity Type <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____		*13. Entity Classification <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal/Attorney Services <input type="checkbox"/> NC Local Govt <input type="checkbox"/> Federal Govt <input type="checkbox"/> NC State Agency <input type="checkbox"/> Other Govt <input type="checkbox"/> Other (specify)	14. Exemptions (see instructions)  Exempt payee code (if any):  Exemption from FATCA reporting code (if any):
<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			

Section 2 - Certification	Under penalties of perjury, I certify that:		
	1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
	Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website ( <a href="https://www.irs.gov/">https://www.irs.gov/</a> ):		
*Printed Name:		*Printed Title:	
*Authorized U.S. Signature:		* Date:	

Please complete the [Modification to Existing Supplier Records](#) form if there have been any changes to the following: Tax Identification Number (TIN),