



BEVERAGE ARTS VENDOR APPLICATION

Festival Date: April 25, 2026

Application Deadline: March 20, 2026

Please note that a NC Sales Tax Registration Number is required. Applications submitted without a valid NC Sales Tax Number will be returned. Your NC Sales Tax Number must be displayed on the day of the festival.

Organization/Business Name: Balsam Falls Brewing Co

Contact Person: Lawrie Bryson NC Sales Tax No: 601109463

ABC permit number: 256653 BM/UW/BW/WW Special Events permit number: 256653 WE/DG

Address: 506 W Main St City: Sylva State: NC

Zip: 28779 Telephone Number: 828-236-1061 Cell: SAME

Email Address*: Lawrie@balsamfallsbrewing.com BalsamFallsBrewing.com

*Please print legibly, as all festival communications will be sent to the email address provided.



Greening Up the Mountains is an Arts Festival with a focus on Appalachian Arts. Our beverage arts spaces are reserved for Independent craft breweries and wineries. You must also get a certificate of insurance from your insurance company for the day of the event naming the Town of Sylva as an additional insured with a liability of 1,000,000. Please also include a copy of your NC ABC Permits. Paper Applications with accompanying payment and certificate of insurance and permits must be submitted to Sylva Town Hall either by hand delivery or by mail. Please DO NOT email your application.



Type of vehicle: ☐ Car ☒ Truck ☐ Truck and Trailer

Please submit the application at events@townofsylva.org followed by payment at <http://townofsylva.us/#/>.

Please email your logo to greeningupthemountains@townofsylva.org. Logos may be posted on the festival's website and social media sites for promotional purposes.

By signing this application, you affirm that you have read and agree to abide by the festival policies and understand that no electricity or wi-fi service will be available on the day of the festival. You further consent that the photographs submitted may be used on the festival's website and social media outlets to promote the festival. If you have specific needs, please attach a detailed note describing any accommodations that may be needed. There will be no re-assignment of vendor booth spaces once the layout has been finalized. By signing below, you affirm your understanding that you may NOT consume alcoholic beverages while you are working.

Signature: Lawrie Bryson Date: 1/7/26



Balsam Falls Brewing Company LLC
Balsam Falls Brewing Company
506 West Main Street
Sylva, NC 28779

ISSUED: 09/13/2022
COUNTY: Jackson
TYPE: LLC Manager Managed

PERMIT NUMBER	ORIGINALLY ISSUED	DESCRIPTION
00256653BM	09/24/2018	Brewery
00256653UW	09/11/2022	Unfortified Winery
00256653BW	09/24/2018	Malt Beverage Wholesaler
00256653WW	09/11/2022	Wine Wholesaler
00256653WE	09/11/2022	Winery Special Event
00256653DG	09/24/2018	Malt Beverage Special Event



FILE NUMBER:

00256653CM-999

William H. Bauer, Jr.

WILLIAM HENRY BAUER, JR.
Chairman

Pursuant to G.S. 18B-903, these permit(s) are valid only for the business listed at this address, are not transferable, and will automatically expire with an ownership change. See authorization(s) on the back.



BALSAL-01

HWRIGHT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chappell, Smith & Associates 1006 Meryllinger Court PO Box 681209 Franklin, TN 37067	CONTACT NAME: Hope Wright		
	PHONE (A/C, No, Ext): (615) 786-9442	FAX (A/C, No): (615) 435-8330	
	E-MAIL ADDRESS: hwright@chappellsmith.com		
INSURED Balsam Falls Brewing Company, LLC 506 W Main Street Sylva, NC 28779	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Firstline Insurance Co.		40100
	INSURER B: Harford Mutual Insurance Co.		14141
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		MP11280118	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						LIQUOR LIABILITY \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 100,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MP11280118	3/1/2025	3/1/2026	BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC11281177	3/1/2025	3/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property		MP11280118	3/1/2025	3/1/2026	Ded \$1,000 900,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Town of Sylva
83 Allen Street
Sylva, NC 28779

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



BALSFAL-01

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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CLAIMS-MADE			CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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