



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: Laurie 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: 828-226-1061 Cell: SAME

Email Address*: Laurie@balsamfallsbrewing.com Website: BalsamfallsBrewing.com

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

I am a vendor at this festival or will be attending this festival.

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.

Beverage Arts Vendor Fee: \$150.00

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: Laurie 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

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.



WILLIAM HENRY BAUER, JR.
Chairman



BALSFAL-01

HWRIGHT

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

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Merylinger 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	
INSURED Balsam Falls Brewing Company, LLC 506 W Main Street Sylva, NC 28779	EMAIL ADDRESS: hwright@chappellsmitth.com	
	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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		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
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJET <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (ea accident) \$ 100,000
	OTHER:					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MP11280118	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE EXCESS LIAB		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? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC11281177	3/1/2025	3/1/2026	X PER STATUTE \$ 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

HWRIGHT

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

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								DAMAGE TO RENTED PREMISES (Ex 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	
A	AUTOMOBILE LIABILITY				MP11280118	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ex accident)	\$ 100,000	
	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
B	X UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE	\$ 1,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000	
	DED	RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N		N/A	WC11281177	3/1/2025	3/1/2026	X PER STATUTE	OTHE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>						E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
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