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TOBACCO LUGS / PRIMINGS TOBACCO CUTTERS TOBACCO
LEAF TOBACCO TIPS TOBACCO WHOLE STALK ORGANIC
TOBACCO WHOLE STALK ORGANIC TOBACCO TOBACCO LUGS / PRIM
CUTTERS TOBACCO LEAF TOBACCO SPECIAL AWARDS TOBACCO WH

TOBACCO COMPETITION INFORMATION

- **EXHIBIT MANAGER:** Stan Biconish stan.biconish@ncagr.gov
- Registration deadline is Thursday, September 15, 2022 by 5:00 pm.
- Exhibitors must be 18 years of age or older to compete and residents of North Carolina. Registration begins August 1, 2022.
- Social Security Numbers must be given at time of registration in order to win prize money.
- **NEW** NC Substitute W-9 forms are required for prize money. Participants not wishing to provide their social security number or fill out a NC Substitute W-9 form should enter with a paper entry form and write the word "decline" in the space for social security numbers. See information at the back of this chapter.
- General Rules and Regulations of the Fair will govern this department. They can be found at the back of this chapter.
- Submit questions to: ncsfCompetitions@ncagr.gov
- Contest location: Tobacco Barn Pavillion
- Entries are accepted on Saturday, October 8 through Tuesday, October 11 from 8:00 am until 5:00 pm at the Entry Department in the Administration Building on the fairgrounds.
- Each entry in each Class number will be judged based on the overall best tobacco exhibited.
- The Commissioner's Award winning entry and all other entries will become the property of the NC State Fair.
- This competition is for flue cured, North Carolina grown tobacco.
- No team or farm submissions are allowed, only entries from individual exhibitors.
- Exhibitors are limited to three entries per lot number, and entries must be submitted separately for each Class.
- Each entry must be displayed in silver dollar size hand ties, but entries will not be judged on this technique.
- One first, second and third place winner will be selected in each Class number for the best tobacco for each designated position.
- The decisions of the judges will be final.

Sponsored By:



DIVISION 101 - TOBACCO 1st: \$250 2nd: \$150 3rd: \$100

Class 01 – Lugs/primings

Class 02 – Cutters

Class 03 – Leaf

Class 04 – Tips

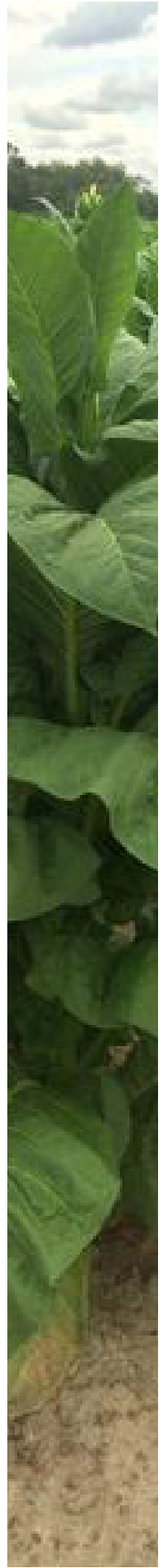
Class 05 – Whole Stalk *One hand from each stalk position. Single hands with combined stalk positions will not be judged. This class will have four hands per entry.*

Class 06 – Organic

DIVISION 100 - TOB SPECIAL AWARDS

Class 01 – TOB Commissioner Of Agriculture Award \$500

Sponsored By:



REGISTRATION TIPS

READ THE RULES before you fill out any entry registration form. There are Department Rules in the front of each chapter & General Rules for Exhibitors at the back.

The deadline to register your entries in a fair competition is **SEPTEMBER 15th.**

NEW - Paper entry forms are limited to **20 ENTRIES TOTAL.** You can enter in multiple departments using different forms but the paper form overall total is limited to 20 entries. **ONLINE ENTRY IS UNLIMITED.**

NEW - **SOCIAL SECURITY NUMBERS** are required if you enter online (they used to be optional).

If you don't want to give your social security number write DECLINE in the space for social security numbers on the paper entry or write 999-99-9999 if you are registering online.

NEW - **NC SUBSTITUTE W-9 FORMS** are required if you want to receive prize money. This is in addition to your SSN.

You must give your social security number and submit your NC Substitute W-9 form **WHEN YOU REGISTER.**

If you don't want to fill out a NC Substitute W-9 form, you should enter by paper entry form and mail it in by the deadline. You can still enter any fair competition, but you won't receive prize money. (Ribbons = Yes!)

Fillable Form Steps: Click the NC Substitute W-9 link; **DOWNLOAD** the file to your system; **NAME IT** your full name and save it; **CLOSE** the linked page; **OPEN** your saved file; **FILL IT OUT**, finally **UPLOAD IT** to Showworks when prompted. The fillable form will ask you for a digital signature. If you want to bypass this, print the form, fill it out manually, sign it, scan it, upload it or mail it in.

If you can't mail your form by September 15, bring it with you when you deliver your entries.

Use these tips when you fill out your NC Substitute W-9 form.

Understand that you cannot smudge or scratch out or otherwise correct mistakes on the form. If you need to, start over with a clean document.

The required fields are *1, *2, *4, *6, *8, *9, *12, *13, and section 2 at the bottom.

Most people will be entering as **INDIVIDUALS** and will use their Social Security Number as their tax ID.

You need to register with your full legal name - the way it is written on your SSN Card.

If you don't have your card, write your name the way it is written on your Driver's License or any other government document. You cannot use someone else's name, social security number or address. If your name, address or social security number has changed recently, you will need to fill out page 2 of the NC Substitute W-9 form.

Some will be entering as a **FARM or BUSINESS** and will use an EIN Number.

If you are using an EIN you must register using the name of the business.

You must use the address on record for that business.

You cannot mix and match names and addresses between personal & business.

If the information for the business has changed, you will need to fill out page 2 of the NC Substitute W-9 form and provide the old and the new information.

Some will be entering as an **Association, Group or School**.

You will need to use an EIN Number or Social Security Number (if that is how your home school is set up) and the address on record. You cannot mix and match names, addresses and EIN Numbers. If the name, address or tax ID number has changed recently you will need to fill out page 2 of the NC Substitute W-9 form.

If you are using a shared tax ID (where more than one group or address shares the same tax ID) like a 4-H Chapter or a school that is part of a public school association, you will need to include your information in the Remittance Address section (Number 7) on the right hand side of the form. You cannot have the prize money sent to your home address or a different school. Most county public school associations have pre-filled out and signed NC Substitute W-9 forms available from their headquarters. You will need to add your school's name and address to the document so that the prize check comes to you and not the county headquarters. Add it in the Remittance Address section (Number 7) on the right hand side, middle of the page.

NC STATE FAIR ENTRY FORM

REGISTRATION DEADLINE: FRIDAY, SEPTEMBER 15, 2023

Exhibitor's Legal Name:

First Name, Middle Initial, Last Name - as it appears on your social security card, driver's license or any government document

Exhibitor's Legal Address:

Street Address - R.F.D., PO Box or Apartment Number)

City, State, Zip

County

E-mail address

Phone

Birth Date

Exhibitor Social Security Number:

-
- 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.

Exhibitor 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

PAPER ENTRY FORMS ARE LIMITED TO 20 ENTRIES

Unlimited Online Entry at www.ncstatefair.org or <http://ncsfge.fairwire.com>

**ENTRY DEADLINE IS
SEPTEMBER 15**


Exhibitor Name: _____

Paper Entry forms are limited to 20 entries. Unlimited Online entry at: 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>

USE THIS GUIDE WHEN FILLING OUT YOUR NC SUBSTITUTE W-9 FORM.


Note that items marked with a red asterisk (*) are required.

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) *Denotes a Required Field		STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number				
Section 1 – Taxpayer Identification	*1. <input checked="" type="checkbox"/> Social Security Number (SSN), OR <input type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) *2. Your Social Security Number Here (PRESS THE TAB KEY TO ENTER EACH NUMBER)		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 shown on your income tax return): Your Name Here		3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) (PRESS THE TAB KEY TO ENTER EACH NUMBER)			
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:					
	Contact Information					
	*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)			
	*Address Line 1: Your Street Address Here		Address Line 1:			
	Address Line 2:		Address Line 2:			
	*City City	*State State	*Zip (9 digit) Zip Code	City State Zip (9 digit)		
	*County		County			
	*8. Contact Name:	Your Name - or your parent' or guardian's name				
	*9. Phone Number:	Your Phone Number				
10. Fax Number:						
11. Email Address:	Your Email Address					
*12. Entity Type <input checked="" 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) _____ Note: 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.		*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 checked="" type="checkbox"/> Other (specify) Contest Winner		14. Exemptions (see instructions) Exempt payee code (if any): Exemption from FATCA reporting code (if any):		
Under penalties of perjury, I certify that: <ol style="list-style-type: none"> 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 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 I am a U.S. citizen or other U.S. person (defined later in general instructions), and 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 (https://www.irs.gov/):						
*Printed Name:		Printed name		*Printed Title: Individual		
*Authorized U.S. Signature:		Signature <i>Parent or guardian can sign if necessary</i>			* Date: Date	

You can digitally sign your NC Substitute W-9 form or manually sign a printed copy. Printed forms can be scanned and uploaded as a document.

USE THIS GUIDE WHEN FILLING OUT YOUR NC SUBSTITUTE W-9 FORM.

Note that items marked with a red asterisk (*) are required.

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) *Denotes a Required Field		STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number			
*1. <input type="checkbox"/> Social Security Number (SSN), OR <input checked="" type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)		<h2>Farm Sample NC Sub W-9 Sample Form</h2>			
*2. <i>Farm's Tax ID Here</i> (PRESS THE TAB KEY TO ENTER EACH NUMBER)					
*4. Legal Name (as shown on your income tax return): <i>Farm's Name Here</i>					
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:					
Contact Information					
*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)			
*Address Line 1: <i>Street Address Here</i>		Address Line 1:			
Address Line 2:		Address Line 2:			
*City <i>City</i>	*State <i>State</i>	*Zip (9 digit) <i>Zip Code</i>	City State Zip (9 digit)		
*County		County			
*8. Contact Name:	<i>Your Name</i>				
*9. Phone Number:	<i>Your Phone Number</i>				
10. Fax Number:					
11. Email Address:	<i>Your Email Address</i>				
*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 checked="" type="checkbox"/> Other <i>Farm</i> <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 checked="" type="checkbox"/> Other (specify) <i>Contest Winner</i>		14. Exemptions (see instructions) Exempt payee code (if any): Exemption from FATCA reporting code (if any):	
Note: 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.					
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 (https://www.irs.gov/):					
*Printed Name:	<i>Printed name</i>			*Printed Title:	<i>Farm Owner</i>
*Authorized U.S. Signature:	<i>Signature</i>			*Date:	<i>Date</i>

Section 1 – Taxpayer Identification

Section 2 -Certification

You can digitally sign your NC Substitute W-9 form or manually sign a printed copy.
 Printed forms can be scanned and uploaded as a document.

NC Office of the State Controller
 (IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

**STATE OF NORTH CAROLINA
 SUBSTITUTE W-9 FORM
 Request for Taxpayer Identification Number**



Section 1 – Taxpayer Identification

<p>*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)</p> <p>*2.</p> <p align="center">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	<p>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.</p>
<p>*4. Legal Name (as shown on your income tax return):</p>	<p>3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)</p>
<p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</p>	<p>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>
Contact Information	
<p>*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)</p>	<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p>
<p>*Address Line 1:</p>	<p>Address Line 1:</p>
<p>Address Line 2:</p>	<p>Address Line 2:</p>
<p>*City *State *Zip (9 digit)</p>	<p>City State Zip (9 digit)</p>
<p>*County</p>	<p>County</p>
<p>*8. Contact Name:</p>	
<p>*9. Phone Number:</p>	
<p>10. Fax Number:</p>	
<p>11. Email Address:</p>	

Section 2 - Certification

<p align="center">*12. Entity Type</p> <p> <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) _____ </p> <p>Note: 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.</p>	<p>*13. Entity Classification</p> <p> <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) _____ </p>	<p>14. Exemptions (see instructions)</p> <p>Exempt payee code (if any): _____</p> <p>Exemption from FATCA reporting code (if any): _____</p>
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 I am a U.S. citizen or other U.S. person (defined later in general instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 		
<p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):</p>		
<p>*Printed Name:</p>	<p>*Printed Title:</p>	
<p>*Authorized U.S. Signature:</p>		<p>* Date:</p>

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

NC Office of the
State Controller
***Denotes a Required Field**
This form is to be
completed by the vendor.

**STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Modification to Existing Vendor Records**



This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

Section 1:

CHANGE FROM: Remittance Address	CHANGE TO: Remittance Address
*Address Line 1:	*Address Line 1:
Address Line 2:	Address Line 2:
*City *State *Zip (9 digit)	*City *State *Zip (9 digit)
*County	*County

NOTE: If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)

Section 2:

* CHANGE FROM: SSN, or EIN, or ITIN	* CHANGE TO: SSN, or EIN, or ITIN
-------------------------------------	-----------------------------------

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Section 3:

CHANGE FROM: Vendor Name	CHANGE TO: Vendor Name
*Legal Name:	*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

*Printed Name:	*Printed Title:
*Authorized U.S. Signature:	* Date:

GENERAL FAIR RULES FOR EXHIBITORS

- Exhibitors are encouraged to make all entries early. The right is reserved to reject any entry.
- In most divisions, competition is limited to residents of North Carolina.
- All entries must be made in the name of the owner, breeder, manufacturer, grower, producer or one whose skill the exhibit represents. A firm, to be entitled to exhibit as such, must have been organized not less than 30 days prior to the closing date for entries and such firm must have been organized as a bona fide firm for the purpose of producing or buying and selling the articles or animals it proposes to exhibit in the name of such firm. A firm will be regarded as one exhibitor.
- Official printed forms or copies of forms must be used in making applications for entry. Make sure to use the appropriate entry forms for each department. Be sure to fill out the application form completely, accurately and legibly.
- No article or animals will be entitled to exhibition space until proper entry has been made.
- Entry fees are required in some departments.
- Unclaimed exhibits from competitive departments will be considered abandoned if not called for within one week after the official closing of the Fair and may be disposed of as the Manager of the Fair sees fit.
- All exhibits must be officially entered in the Fair on official entry forms provided for that purpose, before the closing date for entries in the department. No article or animal will be entitled to space or considered in the judging until proper entry has been made. Removal of exhibits before the date and time specified will be cause for forfeit of all premiums won, all fees paid and the right to further participation in the Fair.
- All exhibits will be numbered and recorded in the books of the proper department and class and exhibit tag with corresponding numbers will be issued. This tag must be securely attached to the exhibit and must remain on the exhibit throughout the Fair.
- The State Fair assumes no responsibility for the incorrect tagging of exhibits.
- Entries may be shipped via UPS or Fed Ex (signature required) to:
NC State Fair Attn Entry Department 4285 Trinity Rd Raleigh NC 27607
- The management will not be responsible for delayed shipments which arrive at the Fair too late to be considered in the judging. All reasonable care will be given to all exhibits; however, exhibits are entered at the exhibitor's risk. The Fair and staff are not responsible for damage or loss at any time.
- Division Directors and Department Superintendents will have full authority over allocation of space.
- The Fair management reserves the right to reject any exhibit which does not reflect merit and which would not be a credit to both the exhibitor and the Fair.
- Division Directors, Department Superintendents, and/or Judges must report disqualification of entries to the Manager of the State Fair immediately after such action is taken. Under no circumstances will judging be considered official and premiums paid in a class where disqualification is recommended until approval of the disqualification(s) is obtained from the fair manager.

- Decision of the judges will be final and no appeal will be considered except in cases of protest in writing, with strong evidence of fraud or violation of the rules of the Fair. Protests must be in writing and filed with the State Fair Manager within twenty four hours of the day following the award and must be accompanied by a protest fee of \$5.00 which will be retained by the Fair if the protest is not sustained. The State Fair Manager will appoint a committee to consider the protest and all interested parties will be notified of the time of the hearing and will be given an opportunity to be heard. The rules of the International Association of Fairs and Expositions governing appeals will be those of the North Carolina State Fair.
- Entries made in wrong classes may be moved to the proper class by the Department Supervisor or Competitive Exhibits Coordinator.
- Judges, when requested, may give the reasons for their decisions embracing the value and desirable qualities of the exhibits to which they have awarded premiums.
- Judges will not award premiums or ribbons to any article or animal that does not qualify for one of the classes in the State Fair Premium List.
- Premium checks will be mailed to all exhibitors no later than 60 days after the fair. Errors in premium statements will be corrected until January 31, 2023 after which time the books of the 2022 Fair are closed.
- Photographs of exhibits and winners will be taken by official photographers of the NC State Fair. Exhibitors hereby grant the NC State Fair permission to utilize photographs, images, or likenesses in whole or in part for use in official NC State Fair publications and promotions.
- The following colors of ribbons will be used to designate awards:

Grand Champion	Purple
Reserve Champion.....	Lavender
First Place	Blue
Second Place	Red
Third Place	White
Fourth Place	Pink
Fifth Place	Yellow
Sixth Place	Dark Green
Seventh Place	Light Green
Eighth Place	Tan
Ninth Place	Gray
Tenth Place and above	Light Blue