

Pend Oreille County Fair <u>Food</u> Vendor Application

Questions, contact: Anna Armstrong at pocfairvendor@yahoo.com or 509-570-8063

Organization or Business	s Name				
Contact Person		Phone/Cell			
Mailing Address					
Email					
Business ID					
Vendor's Insurance Com	pany Enc	losed O			
Menu (Attach an addition	nal page i	if necessary)			
Booth size 12' x 15':	Single Double length			Triple length	
Booth Electrical Needs:	none 110			220	
				Total Amps no	eeded
Amount enclosed:	Check number:			Receipt Number	
	S i	ingle space	\$275	2 passes	
	D	ouble Space	\$450	4 passes	
	T	riple space	\$525	6 passes	
Enclosed is the fee required organization or individual Fair Concession Booth Pobefore setup. Vendor is rethe duration of the Fair.	al(s) name olicy. Pro	ed above, agree oof of <u>\$3 million</u>	to abide l	by the terms of insurance is re	the Pend Oreille County quired for all vendors
Make Checks payable to:	Pend O	reille County	<u>Fair</u>		
Mail to: Pend Oreille Co. Fair attention: Anna Armstrong		Signature			
PO Box 29 Cusick, WA 99119		Date			