

Pend Oreille County Fair Vendor Application

Questions, contact: Anna Armstrong at pocfairvendor@yahoo.com

Organization or Business Name	
Contact Person	Phone/Cell
Mailing Address	
Email	
Business ID	
Vendor's Insurance Company Enclose	ed O
List products you plan to sell or distri	bute (Attach an additional page if necessary)
Booth size: Single Dou	ble Triple
Booth location: Indoors Ele	ectrical Needed: None
Outdoors	110
	220
	Total Amps needed
10' x 10' without power: \$75.	00 10' x 10' with power: \$90.00
Includes 2 passes	Includes 2 passes
Amount enclosed: C	Check number: Receipt Number
organization or individual(s) named a	quested booth space(s). The undersigned, on behalf of the bove, agree to abide by the terms of the Pend Oreille County of liability insurance is required for all vendors before setup.
Make Checks payable to: Pend Orei	<u>lle County Fair</u>
Mail to: Pend Oreille Co. Fair attention: Anna Armstrong	Signature
PO Box 29 Cusick, WA 99119	Date