

2024

Pend Oreille County Fair **Food** Vendor Application

Questions, contact: Sarah Thibodeau pocfairvendor@yahoo.com or 509-589-0982

Organization or Business Name _____

Contact Person _____ Phone/Cell _____

Mailing Address _____

Email _____

Business ID _____

Vendor's Insurance Company Enclosed

Menu (Attach an additional page if necessary)

Booth size 12' x 15': Single Double length Triple length

Booth Electrical Needs: none 110 220

Total Amps needed _____

Amount enclosed: _____ Check number: _____ Receipt Number _____

<input type="checkbox"/> Single space	\$275	2 passes
<input type="checkbox"/> Double Space	\$450	4 passes
<input type="checkbox"/> Triple space	\$525	6 passes

Enclosed is the fee required for the requested booth space(s). The undersigned, on behalf of the organization or individual(s) named above, agree to abide by the terms of the Pend Oreille County Fair Concession Booth Policy. Proof of **\$3 million liability insurance** is required for all vendors before setup. Vendor is responsible for obtaining a valid permit from the Health Department for the duration of the Fair.

Make Checks payable to: **Pend Oreille County Fair**

Mail to: Pend Oreille Co. Fair
 Attention: Sarah Thibodeau
 PO Box 29
 Cusick, WA 99119

Signature _____

Date _____