

2025

Pend Oreille County Fair **Food** Vendor Application

Questions, contact: Sarah Thibodeau at pocfairvendor@yahoo.com

Organization or Business Name _____

Contact Person _____ Phone/Cell _____

Mailing Address _____

Email _____

Business ID _____

Vendor's Insurance Company Enclosed

Menu WITH pricing (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 food vendors before setup.

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

Mail to: Pend Oreille Co. Fair
 Attention: Sarah Thibodeau
 331288 HWY 2
 Newport WA, 99156
 509-589-0982

Signature _____

Date _____