

2026

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 _____

___ Single space	\$275	2 passes
___ Double Space	\$450	4 passes
___ 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 _____