



# Pend Oreille County Fair Food Vendor Application

Questions, contact Kay Driver – 509-671-1754 or

[pocfairkay@gmail.com](mailto:pocfairkay@gmail.com)

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  Tripe length

Booth Electrical Needs:  none  110  220

Total Amps needed \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

|                       |              |       |          |
|-----------------------|--------------|-------|----------|
| <input type="radio"/> | Single space | \$275 | 2 passes |
| <input type="radio"/> | Double Space | \$450 | 4 passes |
| <input type="radio"/> | 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 liability insurance is required for all vendors before setup.

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

**Mail to:**  
**Pend Oreille Co. Fair**  
**ATTN: Kay Driver**  
**PO Box 29**  
**Cusick, WA 99119**

Signature \_\_\_\_\_

Date \_\_\_\_\_