



# Okanogan County Fair

## APPLICATION FOR FAIR FOOD VENDOR

September 5-8th, 2024

**Please do not send money with this application.**

**ALL QUESTIONS MUST BE ANSWERED BEFORE CONSIDERATION CAN BE GIVEN.**

**Please print clearly:**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List all products you want to display or sell during the Fair:** (You can attach menu separate, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dimensions required (frontage x depth): \_\_\_\_\_

My preference is: **(please rank in order of desired space location, such as; 1st, 2nd, etc.)**

\_\_\_\_ Outside Commercial    \_\_\_\_ Agriplex    \_\_\_\_ Grandstands (North End Rodeo)

What are your electrical needs? \_\_\_\_\_ Do you need water? YES / NO

**ALL FOOD CONCESSIONS MUST MEET CURRENT HEALTH REGULATIONS. The County Health Dept. will be making random inspections. Please contact the County Health Dept. for permits necessary for function: (509) 422-7140.**

**ALL BOOTHS WILL BE INSPECTED BY FAC MEMBERS PRIOR TO THE START OF FAIR.**

A \$1,000,000.00 liability insurance policy will be required from all successful vendors, naming Okanogan County and the Okanogan County Fair as additionally insured.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Placement will not FINAL until contract and fee have been received.