

2018 FOOD APPLICATION

Whidbey Island Fair

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PO Box 519

360.221-4677 PHONE

Langley, WA 98260

Fair Dates July 19 -22

COMPANY OR ORGANIZATION _____ UBI NO. _____

ADDRESS _____
STREET CITY STATE ZIP

CONTACT PERSON _____ PHONE _____

E-MAIL _____

PROPOSED MENU (please list ALL food items to be sold, including prices):

IF MORE ROOM IS NEEDED, ATTACH SEPARATE LIST OR USE REVERSE SIDE OF APPLICATION.

INDICATE:

RETURNING VENDOR



APPLICATION DEADLINE MARCH 13

NEW VENDOR



APPLICATION DEADLINE MARCH 13

SPACE REQUESTED:

FAIR BOOTH (see below)

OWN TRAILER OR CANOPY UNIT

SPECIFY ROAD FRONTAGE FOOTAGE NEEDED, INCLUDING TONGUE:

RETURNING VENDORS – ATTACHED PAYMENT TO SECURE YOUR BOOTH SPACE NOW

NEW VENDORS- IF YOU MISSED THE DEADLINE PLEASE CONTACT THE FAIR OFFICE TO FIND OUT ABOUT AVAILABILITY. 360-221-4677

LIST ALL ELECTRICAL APPLIANCES/OTHER ITEMS FOR WHICH ELECTRICITY IS REQUIRED: _____

110 VOLTS

APPROXIMATE NUMBER OF AMPS REQUIRED

220 VOLTS

APPROXIMATE NUMBER OF AMPS REQUIRED

BOOTH SIZES & RATES

- Enclosed, secured, apx. 10 x 13-ft. single Midway space with electricity and water. Hot water available at a common concessionaires' dishwashing facility **\$275.00**
- Enclosed, secured, apx. 20 x 13-ft. double Midway space with electricity and water. Hot water available at a common concessionaires' dishwashing facility **\$425.00**
- Enclosed, secured spaces of varying size with electricity and water. Hot water available at a common concessionaires' dishwashing facility **\$15/frontage foot plus \$75 plus tickets**
- Outside self-contained concession unit spaces, 10x10 **\$275.00**

Units in excess of 10 feet in length will be charged an additional \$15 per linear foot overage.

IN ADDITION TO THE BOOTH SPACE RENT ABOVE, 20% COMMISSION ON GROSS SALES (LESS SALES TAX) MUST BE PAID AT THE CLOSE OF THE FAIR ON SUNDAY EVENING. DAILY GROSS SALES REPORTS WILL BE REQUIRED.

NO VEHICLES OR TRAILERS MAY BE PARKED IN EXHIBITOR AREAS.

FOR OFFICE USE ONLY

DATE APPLICATION:	Received _____	Reviewed _____	Amount Paid & Receipt No. _____
DATE CONTRACT:	Sent _____	Returned _____	
DATE INSURANCE:	Provided _____	Purchased _____	Refunded _____