



2024 VENDOR APPLICATION

Booth/Entity Name:	
Primary Contact Name:	
Phone #:	Email:
Mailing Address:	
Type of Booth:	<input type="checkbox"/> Commercial Space (\$100.00 per 10'x10' space) <input type="checkbox"/> Craft Vendor (\$25.00 per 10'x10' space) <input type="checkbox"/> Food Vendor (\$75.00 + 10% gross sales) <input type="checkbox"/> Non-Profit/Educational (First 10'x10' space free, \$25.00/additional space)
Products Sold:	
Needs:	<input type="checkbox"/> 30 amp/110V <input type="checkbox"/> 50 amp/220V <input type="checkbox"/> Water
Vendor Contact Signature:	

Approved by Board: Yes No

Fair Board Representative Initials: _____

Date: _____