

Food Booth Application

Grant County Fairgrounds

Please note this proposal is **NOT** an offer of space. **DO NOT SEND PAYMENT! PLEASE PRINT CLEARLY or TYPE - Complete All Information!**

Company Name:				
Contact Person:				_
Name of Food Stand:				_
Mailing Address:				
City/State/Zip:		Email:		
Phone:		Cell:		_
				_
UBI (Uniform Business Identifie	r) Number issu	ued by Washington State:		_
OTHER EVENTS or FAIRS WI	HERE YOU HA	AVE PARTICIPATED:		
NON-PROFIT 501-C3 Yes OR	No			
			LEDIOFO	
		MPLETE MENU WIT items not on application/c		
YOU <u>MUST</u> HAVE A	POS SYSTEM	THAT MEETS OUR CRITE	FRIA FOR DAILY REPORTS	
Point Of Sale (POS) Type Please check ALL that ap		uantity of systems you wil	I be using per unit.	
☐ POS System	Make.:	Model.:	Qty:	
☐ Credit Card Terminal	Make.:	Model.:	Qty:	

NOTE: REPORTS MUST BE PROVIDED FOR DAILY SALES. THE TAPES MUST INCLUDE A DETAILED TRANSACTIONAL REPORT FROM WHICH THE FAIRGROUNDS STAFF CAN AUDIT.

placement may be based on available power necessities.
Electrical AMPS Required:
Please provide a copy of your planned menu with prices
How many years have you been in business?
Please provide a paragraph stating why you feel you should have a booth on the Fairgrounds.
Is there anything else we should know as we review your application?
Are you willing to sign a lease?
Are you willing to sign a concessions contract?
By signature of this application, you are hereby authorizing the Grant County Fair to secure information concerning any of the above-stated facts. The Grant County Fairgrounds Staff will base their decision on many criteria including, duplicity of product and availability.

Please include your exact power requirements for your food stand. Should your application

be approved, only the power indicated on your application will be provided, and booth

POWER REQUIREMENTS:

RETURN APPLICATION TO:

Grant County Fairgrounds 3953 Airway DR. Moses Lake, WA 98837

jcmckiernan@grantcountywa.gov Office: (509) 765-3581