



Central Wisconsin State Fair Food Vendor Application

Business Name: _____

Business Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Number: _____

Email(s): _____

Business/Product Description (include any aspects that make your business unique, years in business, other major events you have attended, etc.):

Trailer/Booth Specifications:

Width of trailer: _____

Length of trailer: _____

Hitch allowance: _____

Swinging door allowance: _____

Awnings width: _____

Please indicate the location
of open serving windows on
this box.

Please also include pictures of your stand with your application. Your stand photo must be from last year or newer. This application will not guarantee your booth. A Vendor Contract will follow shortly after the return of your Vendor Application, if you are accepted.

Email your logo to be used on our website should you be chosen.

Please fill out the back of this page with all of your menu items.

MENU REQUEST FORM

Please provide a complete list of menu of items you can provide at the Fair., including both food and beverage items.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

***** We reserve the right to eliminate duplicate menu items. *****

Please return the completed form to:

Central Wisconsin State Fair
513 East 17th Street
Marshfield, WI 54449
eventmanager.cwsf@gmail.com