



2017 NEW FOOD VENDOR APPLICATION

Business Name

Business Owner's Name

Address (Street, City, State, Zip)

Phone Number

Email Address

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

TRAILER/BOOTH SPECIFICATIONS

Length of trailer

Width of trailer

Hitch allowance

Swinging door allowance

Awnings width

Please indicate location of
open serving windows

****Please also include pictures of your trailer/booth set-up with your request****

MENU REQUEST FORM

Complete this form listing all of the items you would like to serve, including both food and beverage items.

Menu Items

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

Please return completed form to:

**Central Wisconsin State Fair
513 East 17th Street
Marshfield, WI 54449**

office@centralwisconsinstatefair.com