

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 Identifier) Number issued by Washington State:_____

OTHER EVENTS or FAIRS WHERE YOU HAVE PARTICIPATED:

NON-PROFIT 501-C3 Yes OR No

ATTACH A COMPLETE MENU WITH PRICES. No selling of items not on application/contract.

YOU <u>MUST</u> HAVE A CASH REGISTER THAT MEETS OUR CRITERIA FOR DAILY REPORTS

Point Of Sale (POS) Type: Please check ALL that apply and the quantity of systems you will be using per unit.				
Cash Register	Make.:	_ Model.:	_ Qty:	
POS System	Make.:	_ Model.:	_ Qty:	
Credit Card Terminal	Make.:	_ Model.:	_ Qty:	

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

POWER REQUIREMENTS:

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 <u>booth</u> <u>placement may be based on available power necessities.</u>

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.

Authorized Representative's Signature

Date

RETURN APPLICATION TO: Grant County Fairgrounds 3953 Airway DR.

Moses Lake, WA 98837

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