



## Central Washington State Fair – Vendor/Concessionaire Insurance Application

### **Vendor/Concessionaire Information – Please Print**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Product/Service provided during event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of booths/locations: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Date: \_\_\_\_\_

Rate: \$85.00 per booth location

**Please submit to: Central Washington State Fair**

**Commercial Exhibits & Food Concessions Department**

phone 509-248-7160 ext. 105 · fax 509-248-8093 · email: [gailr@fairfun.com](mailto:gailr@fairfun.com)

Street address: 1301 South Fair Avenue, Yakima WA 98901