



Food Vendor APPLICATION

Washington State Fair
Vendor Services
110 9th Avenue SW • Puyallup, WA 98371-0162
(253) 845-1771 Fax: (253) 841-5390

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

Company: _____

Authorized Representative: _____

Name of Food Stand: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Fax: (____) _____

e-mail: _____

UBI (Uniform Business Identifier) Number issued by Washington State: _____

Company Information: Proprietorship Corporation Partnership

President: _____ Secretary: _____

If partnership, name each partner, address and phone number:

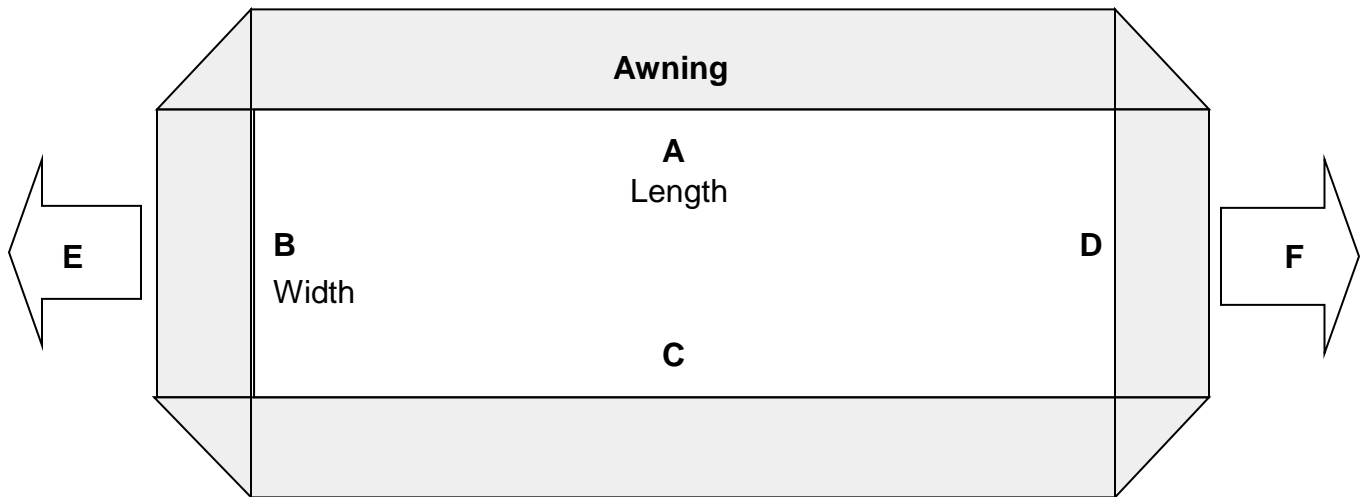
OTHER EVENTS or FAIRS YOU HAVE PARTICIPATED: _____

TYPE OF FOOD PRODUCT OFFERED (ie: burgers, fries, popcorn, ice cream, type of ethnic food, etc.):

ADDITIONAL REQUIREMENTS:

ATTACH A COMPLETE MENU (each booth on separate page)

PHOTOS & SCHEMATIC OF FOOD BOOTH: *Please attach photos of booth in operation
(Use separate page for each booth)*



UNIT # _____ **NAME OF BOOTH:** _____

Specify the exact dimensions of booth (without awnings): _____ X _____ X _____
A B height

Specify the exact dimensions including awnings and signage: _____ X _____ X _____
A B height

Service Sides A B C D

Door is located: A B C D

Do you require a counter adjoining your unit to serve? Yes Length: _____ No

Is the tongue removable? Yes No Tongue location: E F

Please attach drawing or photograph of Food Concession. *If you have multiple booths please list dimensions individually*

Does this booth use Natural Gas? Yes No ***Propane is not allowed***

Will unit(s) require 208 single phase? Yes No

Will unit(s) require 208 three phase? Yes No

List each unit separately

I (we) agree to abide by the rules and regulations stipulated in the actual contract should space be available. By signature of this application I hereby authorize the Washington State Fair to secure information concerning any of the above facts and my signature requests the companies and/or banks to furnish information requested by the Washington State Fair Association.

 Authorized Representative's Signature

 Date

RETURN APPLICATION TO:
 Washington State Fair
 Vendor Services
 110 9th Avenue SW • Puyallup, WA
 98371
dan@thefair.com
 FAX: (253) 841-5390