

Taylor County Fair Food Vendor Application

This contract is between the Taylor County Fair and the application for the dates of July 28-31, 2022.

Business Name: _____

Address: _____ City/Zip _____

Contact Person: _____ Email: _____

Phone: _____ Alt Ph: _____

Food items selling or product/service promoting (full menu MUST be provided):

_____ (please be specific and do not write "same as last year")

I'm reserving: ___ General 4- day \$200 ___ Non-profit 4- day \$50

Total enclosed: \$ _____

By signing this document, I understand the terms of the Vendor Contract as stated on page one and two, as they apply to my type of vendorship and event registered for.

Enclosed/attached: ___ WI Vendor/Seller form ___ Seller's Permit ___ Certificate of Insurance
___ Food Permit

Vendor Signature: _____ Date: _____

Make check payable to Taylor County Fair, Mail to PO Box 182, Medford, WI 54451 or scan (or clean photo) and send to witaylorcountyfair@gmail.com Notification of receipt of this form shall be sent via email along with any additional instructions required. A final receipt shall be sent once the application is complete.

Delivery Address - 845 East Broadway Ave, Medford WI, 54451

(Below for office use.)

Date Rcvd: _____ Payment: _____ WI Form: _____ Sell Permit: _____ Receipt/Rules: _____

7/15: _____ Registration final: _____ / _____ Location: _____