

Chingawassa Days Food Vendor Specification Sheet

Contact Information

Name: _____

Company Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email: _____

Vendor Needs

Needs electricity? YES NO If yes, 110V or 220V?: _____ Please include a photo of your electrical plug.

Utility Needs:
Water: _____ Trash: _____ Other needs: _____

Date/Time you plan to arrive/set-up: _____

Dates and Times you plan to operate: _____

Size of area needed: _____

Do you use a canopy? YES NO If yes, please indicate size: _____

Do you operate out of a trailer? YES NO If yes, please indicate size: _____

Location preference or needs: _____

Menu/General Information

Specify products available: _____

Miscellaneous information: _____

Please include your menu and photos if available

****Vendors will be considered once a form is completed and submitted. Once submitted, we will review your application. Unfortunately, since we are limited in space, we will not duplicate cuisines and approve applications on a first-come, first-served basis. If approved, we require full payment of \$150 within 15 days of approval, non-refundable. Thank you for your understanding. If you have any further questions, please contact Brent Cleeton at 620-381-1356****

*****All licenses and permits must be up to date*****

******Once trailer/tent is set & approved by Committee Member, you will not be allowed to move to a different location******