



VENDOR FORM

Business Name: _____

Contact Name: _____

Address: _____

Phone #: _____ Alternate Phone #: _____
(must be reachable during evenings/weekends for event or emergency communication)

Email: _____

Menu/Items & Prices:

Set-Up Info: *(circle one)*

Tent	Trailer	Free Standing Cart	Need Concession Area
<i>*If trailer, which side is the service side?</i>	<i>Driver</i>	<i>Passenger</i>	

Electrical Service Needed: Yes No

If yes, please specify voltage, amperage, and number of outlets required: _____

Vendors must supply their own extension cords and equipment.

Requirements:

Vendor must possess and maintain all permits and licenses required by the Commonwealth of Kentucky and the local health department. Copies of current permits must be submitted with this application or available upon request.

Occupational License Number: _____

Signature: _____ Date: _____