CWSF Food Vendor Application

Fill out a form per each rented space.

Business Name: _____ **Date:** _____

Business Owner's Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone Number: _____ **Secondary Number:** _____

Business/Product Description (include any aspects that make your business unique, years in business, other major events you have attended, etc.):

_____

_____

_____

_____

_____

Trailer/Booth Specifications:

Width of trailer: _____

Hitch allowance: _____

Swinging door allowance: _____

Awnings width: _____

Please indicate location of open serving windows & hitches on the box.

Please include updated pictures of your trailer/booth set-up.
This application will not guarantee your booth. A Vendor Contract will follow after the review of your Vendor Application.

Please fill out the back of this page with all of your menu items.

MENU REQUEST FORM

A complete list of menu of items you can provide at the Fair is required including both food and beverage items.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

***** We reserve the right to eliminate duplicate menu items. *****

Please return completed form to:

Central Wisconsin State Fair
513 East 17th Street
Marshfield, WI 54449
ashlee.cwsf@gmail.com