



Central Bull Riders National Finals Food Vendor Application

Business Name: _____

Business Owner's Name(s): _____

Address: _____

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

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

Email: _____

Menus Items To Include: *Please provide a complete list of menu of items you can provide at the Fair, including both food and beverage items.*

Trailer/Booth Specifications:

Width of trailer: _____

Hitch allowance: _____

Swinging door allowance: _____

Awnings width: _____

Please indicate location of
open serving windows on
this box.

Please also include recent pictures of your booth or stand, set-up, with your application. This application will not guarantee your space during this event. A Vendor Contract will follow after the return of your Vendor Application, if you are accepted.

Please return completed form to:

Central Wisconsin State Fair 513 East 17th Street Marshfield, WI 54449

Phone: (715)387-1261

ashlee.cwsf@gmail.com