



# Central Wisconsin State Fair Food Vendor Application

Business Name: \_\_\_\_\_

Business Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Email(s): \_\_\_\_\_

**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 on  
this box.

**Please also include pictures of your stand with your application. Your stand photo must be from last year or newer. This application will not guarantee your booth. A Vendor Contract will follow shortly after the return of your Vendor Application, if you are accepted.**

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

# MENU REQUEST FORM

Please provide a complete list of menu of items you can provide at the Fair., 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  
[office@centralwisconsinstatefair.com](mailto:office@centralwisconsinstatefair.com)