

Brown County Fair Food Vendor Contract/Application

August 14th-18th, 2024

Legal Name Of Business: _____

Doing Business as Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Phone Number: () - _____ Mobile Phone Number: () - _____

Federal Identification Number (FEIN): _____

Food/Beverages to be sold by vendor (be specific):

Tents: Please circle size(s) needed below, if you are ordering tent(s) from the BCFA.

10'x10' = \$155.00

20' x 20' = \$300.00

20' x 30' = \$400.00

20'x40' = \$500.00

30' x 30' = \$500.00

30'x45' = \$700.00

30'x60' = \$900.00

40' x 60' = \$950.00

Side Sections 20' = \$25.00 _____
each section

1. Cooking Method(s): Charcoal _____ Electric Heat _____ LP Gas _____ Deep Fry _____

Other, please list type: _____

2. Size of Space Needed in Feet: _____

Serving from where? Front _____ Side _____ Back _____

This measurement **must be the total length and total width** for everything you have in your space. It includes space needed for the tent (remember to add 5 feet minimum on each side for lines if tent is from the BCFA), trailer (including hitch, awnings, and anything else sticking out of the sides of the trailer), cooking area, refrigerated trailers, over hangs, etc.

Please indicate if you serve out of a certain end or side of your space. If you are not renting a tent from the BCFA, a picture is required to accompany this contract/application in order to help ensure that we can serve your best interest. Should the BCFA determine your space request needs to be altered, you will be contacted prior to the Event.

Deposits & Fees Required:

Utility Fees (fill out electrical needs form) \$150.00 =	\$
Overnight Camping Fee = \$90.00 now (\$180.00 if later) =	\$
Camper: Length _____ Width _____	
Refrigerator/freezer Trailer Storage= \$75.00 (per electrical connection) =	\$
Tent Size needed _____ X _____	\$
Tent Sides (how many needed) _____ @ \$25.00/each =	\$
Glass Front Cooler if Available \$50.00 each =	\$
Texas Tankers to put soda & water in, IF AVAILABLE, \$50.00 each =	\$
Security Deposit \$200.00 =	\$ 200.00
Total Due: =	\$

The Brown County Fair does accept CREDIT and DEBIT (service fees apply).

PLEASE FILL IN THE INFORMATION ON THE SIGNATURE PAGE

Payments will be deposited.

If you remain in compliance with all rules and regulations, your security deposit will be refunded (less any card service fees). If you have a balance due at the end of the Event, security deposit will be applied to that balance.

FULL Payment and All Necessary Paperwork is due 30 days prior to the start of the Event.

If the BCFA is forced to cancel Event, a full refund will be issued (less any card service fees).

Vendor applications are on a first come basis. All required information must be received by the BCFA before consideration. Please include fully executed contract/application, payment in full, electrical needs, Wisconsin Temporary Event Operator and Seller form and a Certificate of Insurance with all necessary information. The City of De Pere Health Department will contact you if they need any further information from you.

Please read the 2024 Rules and Regulations carefully. If you agree with all the Rules and Regulations and would like to apply for a food vendor space, please complete this contract/application, make check payable to the Brown County Fair Association, Inc.

Include electrical needs, Wisconsin Temporary Event Operator and Sellers form and complete Certificate of Insurance with your mailing.

Mail all items to:
Brown County Fair Association Inc.
P.O. Box 5172
De Pere, WI 54115

THE PERSON SIGNING THIS CONTRACT/APPLICATION IS RESPONSIBLE TO INFORM ANY AND ALL PERSONS WORKING THE VENDOR SPACE OF ALL BCFA FOOD VENDOR RULES

Contract/Application Signature:

By signing below, the Vendor acknowledges that he/she has read and agree to the BCFA 2024 Rules and Regulations. The Vendor agrees to abide by the Rules and Regulations as well as all other City, County, State, and Federal regulations. Upon BCFA acceptance, this Contract/Application becomes a Contract.

Vendor Name: (please print): _____

Vendor Signature: _____ Date: _____

BCFA Vendor Coordinator: _____ Accepted Date: _____

Food Vendor Coordinator: Sheila Steinfeldt 920-336-7292

Card Information (Service Fees May Apply & Are Non-Refundable)

Name on the Card: _____

Card #: _____ - _____ - _____ - _____

Expiration Date: _____ Security code: _____

Signature: _____

Please Provide the Zip Code for the Card: _____