



COMMERCIAL VENDOR ELECTRICAL NEEDS

Vendor Name: _____

Name of person submitting information: _____

Since electrical needs always seem to pose a problem, we are asking that you help us to help you. Please complete this form listing all appliances and lighting you intend to use. If you choose to add to this list later, you must submit a written request indicating any additional needs. **Your cord must be at least 50 feet long and 14 gauge.**

Please list **ALL** appliances and lighting that you plan to use:

Appliance #1	30 amp	50 amp
_____	_____	_____

Description/Additional Information: _____

Appliance #2	30 amp	50 amp
_____	_____	_____

Description/Additional Information: _____

Appliance #3	30 amp	50 amp
_____	_____	_____

Description/Additional Information: _____

Appliance #4	30 amp	50 amp
_____	_____	_____

Description/Additional Information: _____

Appliance #5	30 amp	50 amp
_____	_____	_____

Description/Additional Information: _____

The Brown County Fair Association reserves the right to limit the amount of electrical usage.