

**Brown County Fair Food and Beverage Contract**  
**August 19-23, 2009**

Legal Name of Business \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_

Federal Identification Number (FEIN): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Food/Beverages to be sold (be specific) \_\_\_\_\_

\_\_\_\_\_

If duplicity exists among submitted menus, a discussion **may** be held with interested parties to come to an agreement leading to a variety offering of food/beverages. Only items listed on this contract will be allowed unless approval is given by the Brown County Fair Association prior to the start of the Brown County Fair.

Please read the 2009 Rules and Regulations carefully. If you are in agreement with all of the Rules and Regulations and would like to apply for a food vendor spot, please complete the contract. **Make a copy for your records before mailing the contract, payment of fees, and any other necessary forms by May 1, 2009.** Your check should be made payable to: **Brown County Fair Association.**

Mail all these items to:           Brown County Fair Association  
  Karen Gulbrand  
  Food Vendor & Commercial Exhibits Coordinator  
  2591 Lavender Lane  
  Green Bay, WI 54313

**Deposits required:**

Utility Fee           \$120     \_\_\_\_\_

Overnight Stay Fee   \$75     \_\_\_\_\_ (If not requested with contract, fee will be doubled to \$150.)

Security Deposit     \$200    \_\_\_\_\_ (Check will be cashed upon acceptance. Refund of deposit will be returned by mail after all bills are paid and you stay in compliance with all rules and regulation).

**If the Brown County Fair Association does not received your contract by May 1, 2009, we will assume that you are not interested in being part of the 2009 Brown County Fair.**

**Contract Signatures**

By signing below, the vendor acknowledges that he/she has read and agrees with the Brown County Fair Association 2009 Rules and Regulations. The vendor agrees to abide by them and all other regulations of the city, county and state.

Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fair Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Insurance Certificate Received: \_\_\_\_\_