ALCONA COUNTY FAIR AUGUST 6 - 10, 2024

Food Vendor Agreement

Name					
Business			_		
Address					
City	State	Zip Code			
Phone	Cell				
Email Address			_		
Food Booth Description:					
Space: Size Needed Electricity: Yes/No Am Water: Yes/No Must su	nps Required:				
You will need to provide gauge wire. It is your re vendor's liability must be not be valid for the new	sponsibility to abi e attached to the	ide by all state and l	local laws that pert	tain to your display. Pro	oof of
Setup no earlier than Mo Contract will expire on S	•	• •	esday at noon. Tea	ar down after 10pm Satu	ırday.
Fee for vendor space weekly pass. Addition along with your fee b	nal passes can	be purchased for			
We would like to sugges Item you plan to donate:		•		•	
For more information: Bi	l Thompson (989)724-5077 or Doug ⁻	Fravis (989)335-09	96	
Please mail your comple	ted form to: Alco	ona County Fair, 1810	0 S Sanborn Rd, M	likado, MI 48745	

Vendor Signature & Date

Doug Travis, President Alcona County Fair Board