ALCONA COUNTY FAIR AUGUST 5 – 9, 2025

Food Vendor Agreement

Name			_
Business			_
Mailing Address			_
City			
Phone	Cell		_
Email Address			-
Space: Size Needed Electricity: Yes/No Amps Red Water: Yes/No Must supply ov	quired:		
	ility to abi	de by all state and loc	booth. All extension cords must be at least 12 at laws that pertain to your display. If you sel r.
Setup no earlier than Monday Saturday. Contract will expire of		•	y Tuesday at noon. Tear down after 10pm dnight.
Fee for vendor space: \$80.00 pass. Additional passes can proof of vendor's liability and	be purch	ased for \$20 each. I	ut electricity. This fee includes one weekly Please return this form along with your fee sell. No refunds.
Please mail your information	to: Alcor	na County Fair, 1810	S Sanborn Rd, Mikado, MI 48745
We would like to suggest a don Item you plan to donate:		•	, and the second
For more information: Bill Thom	pson (989	9)724-5077 or Doug Tr	avis (989)335-0996
Vendor Signature & Date			Doug Travis, President
			Alcona County Fair Board
Vendor Space Fee:			
Additional Weekly Passes:			
Total Amount Due: Paid Check #:		Date:	
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