

CITY OF AVOCA RAGBRAI® VENDOR APPLICATION

- LOCAL FOR-PROFIT VENDORS \$300 FEE
- NON-PROFIT VENDORS \$100 FEE
- OUTSIDE FOR-PROFIT VENDORS \$350 FEE
 - 120V Electricity: \$50 Fee

Vendor Space will be
20' wide x 10' deep
 from the curb
 Add \$100 for extra
 10' wide x 10' deep

DO NOT FORGET A SEPARATE CHECK FOR THE CLEANUP DEPOSIT OF \$75

ORGANIZATION NAME			
CONTACT PERSON			
MAILING ADDRESS			
CITY, STATE, ZIP			
PHONE #:		FAX#	
SALES TAX PERMIT # OR FED ID # OR SOCIAL SECURITY #			

PRODUCTS OR SERVICE:

Type of item (food, beverage, or other) that your organization would like to sell. Please list your item and approximate prices. Please note that food vendors MAY NOT sell alcohol of any kind. **If you plan to serve a meal, attach a menu, prices, and which meals that you plan to serve on a separate sheet.** Please list prices with and without wristbands.

First Item: _____ Wristband Price \$ _____ Without \$ _____

Second Item: _____ Wristband Price \$ _____ Without \$ _____

Third Item: _____ Wristband Price \$ _____ Without \$ _____

Fourth Item: _____ Wristband Price \$ _____ Without \$ _____

For additional Items, please include separate sheet.

What hours do you plan to be open? _____ Do you need electricity? No Yes

List all your equipment below:

Item	Quantity	Item	Quantity
Coffee maker (small)	_____	Coffee maker (large)	_____
Popcorn Machine	_____	Drink Dispenser	_____
Crock pots	_____	Microwave	_____
Roasters	_____	Fry Pans	_____

Please list all other Equipment:

List all hazardous materials at your site - such as gasoline, propane, cleaning materials, etc.:

AVOCA APPLICATIONS ARE DUE BY MAY 10, 2019 OUTSIDE VENDORS ARE DUE MAY 24TH

YOUR APPLICATION CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETELY FILLED OUT, THE VENDOR FEE IS ENCLOSED AND A COPY OF YOUR PROOF OF LIABILITY INSURANCE COVERAGE IS ENCLOSED.

Electrical Service Request

Please return this form by May 10 or 24th per local or outside Vendor deadline or no provisions will be made or allowed. All items are limited to 120-volt regular current. Understand that we may have to place a restriction on how much power is available upon receiving the total loads. Thank you for your cooperation

CONTACT NAME		PHONE #	
COMMITTEE NAME			
VENDOR NAME			

Primary Use:

	<u>Item</u>	<u>Qty.</u>
<input type="checkbox"/>	Lighting	_____
<input type="checkbox"/>	Refrigeration	_____
<input type="checkbox"/>	Coffee Maker	_____
<input type="checkbox"/>	Fountain Pop Machine	_____
<input type="checkbox"/>	Roaster	_____
<input type="checkbox"/>	Crock pot	_____
<input type="checkbox"/>	Frying Pan	_____
<input type="checkbox"/>	Other (please list)	_____

Size of service needed – specific requests:

Please return this form by May 10th or 24th depending on Vendor status to the following address:

City of Avoca
Attn: Teresa Hoepner
201 N. Elm Street
Avoca, IA 51521
cityclerk@cityofavoca.com

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