



www.augrespiratefestival.org

Food Vendor Contract 2008

Please fill out and return with payment to the address below.

Owner/Contact Person: _____

Business Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Sales Tax #: _____

Types of Food: _____

Please indicate if you need electricity: Y _____ N _____

Please indicate the # of outlets & AMP needed: _____

Please indicate if you need water: _____

Authorizing Signature

Date

