

VENDOR APPLICATION (City of Stuart)

RAGBRAI® VENDOR APPLICATION – Booth Space is 10’ x 20’

- Chamber Commercial Fee \$300 Refundable Deposit \$100 (separate check)
 Extra 10’x10’ Space \$100 Electricity: \$50 Water: \$50

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 choices and approximate prices. 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. How many people do you plan to serve? _____

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

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

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

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

What hours do you plan to be open? _____

Do you need electricity? No Yes If yes, how many watts? _____

If you do not know the power consumption of all your equipment list them below:

Item	Quantity	Item	Quantity
Coffee maker (small)	_____	Coffee maker (large)	_____
Pop dispenser (watts_____)	_____	Roasters	_____
Crock pots	_____	Frying Pans	_____
Other_____	_____	Other_____	_____
Other_____	_____	Other_____	_____

How many sites do you need? _____ Will you be on your own property? Yes No

List any preference of location. _____

List all hazardous materials that will be at your site (gasoline, propane, cleaning materials, etc.)

APPLICATIONS ARE DUE BY JUNE 1, 2019 to Stuart RAGBRAI Committee, P.O. Box 425, Stuart, Iowa 50250

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. RETURNING THIS FORM WITH PAYMENT IS NOT A GUARANTEE THAT YOU WILL RECEIVE A SPOT. WE WILL CONTACT YOU AND LET YOU KNOW. The City of Stuart and the Stuart Chamber of Commerce must be named as additional insureds on your certificate of liability insurance.

ELECTRICAL SERVICE REQUEST - STUART

Electrical Service Request

Please return this form by June 1 or no provisions will be made or allowed. All items are limited to 120-volt regular current, unless otherwise noted below. 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			
LOCATION			

Primary Use:

- | <input type="checkbox"/> | <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) | _____ |
| | _____ | _____ |

_____ Approximate # of outlets

Size of service needed – specific requests:

Please return this form by June 1 to:
Stuart Chamber of Commerce
RAGBRAI Committee
P.O. Box 425
Stuart, IA 50520