BLOOMFIELD RAGBRAI® VENDOR APPLICATION

Booth Space is 10' x 20'

□ Vendor Fee \$350.00 (Add \$100 for extra 10'x10') □ DC Business/Organization Vendor Fee \$50.00

ORGANIZATION NAME		
CONTACT PERSON		
MAILING ADDRESS		
CITY, STATE, ZIP		
PHONE NUMBER/FAX		
NUMBER		
SALES TAX PERMIT # OR FED ID# OR SS#		
PRODUCTS OR SERVICE:		
Type of item (food, beverage, or your choices and approximate pr which meals that you plan to serwristbands.	ces. If you plan to serve a meal, a	attach a menu, prices, and
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 op	en?	
ELECTRICAL OUTLETS WILL NOT	BE PROVIDED	
How many sites do you need?		
List any preference of location		
List all hazardous material that wetc.)		
What time will you set up?		
(You may set up after 8:00 pm, V		

APPLICATIONS ARE DUE BY JUNE 1, 2019

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.

PLEASE RETURN THIS FORM BY JUNE 1 TO:

BLOOMFIELD MAIN STREET

101 E. FRANKLIN

BLOOMFIELD, IOWA 52537



Davis county Health Inspection are done by:

ADLM COUNTIES

Environmental Public Health

12307 Hwy 5 - P.O. Box 399

Moravia, IA 52571

Phone: 641 724-3511 Fax: 641-724-3513

Cell: 641-777-7512

Email: ddaly-husted@adlmcounties.com

Web: www.adlmenv.com

Please contact them for any question about your booth being inspected.