

## **Vendor Application**

Company Name:				
Owner:				
Address:				
City:		_ State:	Zip Code	»:
Telephone:		_ E-Mail:		
			CAN BE SOLD* t is issued, it will be on the	
Vending area size requir	rements: <u></u> amp electrical outlets wi	ll be provided. YO	e of unit: End-serve Frailer dimensions: U must provide your own	
Brazos County Health Do you have a Brazos C General Liability Insura Fees: Craft Booth: \$	nce: Yes No_	Policy #:	No (Permit r	nust be visible in booth!
Food & Conces  NOTE: Deposit check to area clean. If you have	ssions Booth:  must be made out as a segrease to discard, do it	separate payment a in a trashcan and	and it will be refunded if not in the sewer drains.  vis: September 1	
Fiestas Patrias use only	<u>":</u>			
Payment: Check#	Amount \$ Refund: Y	Money On	rder/Cashier's Check #_ Check #_	

P.O. Box 346 Bryan, Texas 77806 www.fiestaspatrias.org