

CITY OF WEST LIBERTY

RAGBRAI VENDOR APPLICATION

VENDOR INFORMATION

Organization Name:		
Address:		
Contact Person:	Phone #:	
Email:		
Sales Tax Permit #/DEF ID #/SSN #:		
	PRODUCTS OR SERVICE	
List the type of item (food, beverage, or of please attach the full menu on a separate wristbands, please indicate discounted pri	sheet of paper. If you will offer a disc	
How many people are you prepared to ser	ve?	
Item/Service:	Wristband Price:	Non-Wristband Price:
Item/Service:	Wristband Price:	Non-Wristband Price:
Item/Service:	Wristband Price:	Non-Wristband Price:
For any additional items/services please a	ttach full inventory & prices on a sepa	arate sheet of paper.
LIST ANY HAZARDOUS MATERIALS YOU W		
Standard space is 10' x 20'. All vendors will established business, please contact City F	Hall for further information at 319-627	
Commercial Vendor Fee: West Liberty Chamber Member Fee:	\$400 \$300	
Non-Profit Vendor Fee:	\$100	
Additional 10' x 10' booth space:	\$100	
YOUR APPLICATION CANNOT BE PROCESS FEE AND A COPY OF YOUR PROOF OF LIAN VENDOR, YOU MUST ALSO INCLUDE A COPERMITS WILL BE ISSUED NO LATER THAN OPERATION ON JULY 29 TH , 2023.	BILITY INSURANCE COVERAGE ENCLO PPY OF THE APPROPRIATE LICENSE &	SED. IF YOU ARE FOOD/DRINK PASS A HEALTH INSPECTION.
Mail or Drop Off: City of West Liberty, 409	•	2776
Please make checks payable to "City of Wo	est Liberty"	
Signatura		Date
Signature:		Date: