PLEASE REMIT THIS FORM TO RESERVE YOUR SPACE AT WEST FEST

WEST FARGO

WEST FEST

VENDOR REGISTRATION FORM

VENDOR BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ SALES TAX ID#: _____

EMAIL ADDRESS: _____

What food and/or beverage items do you plan on serving?

_____

Fees and Forms Required:

If you are a **non-profit entity:** $0.00
No proof of insurance necessary
Temporary Food Service Handout required

If you are a **for profit entity**: $75.00
Proof of insurance must be received with application
Temporary Food Service Handout required

☐ I would like to serve food only from **9:00 am to 2:00 pm** in the food court on **Sheyenne Street**. During morning activities and parade only.

☐ I would like to serve food only at Family Fun. Which is located in Eastwood Elementary area. (**2:00 pm - 5:00 pm)(Note: all Family Fun Vendors are Free.)**

Please Mail or drop off all required fees and forms by **August, 3 2015** to:
City of West Fargo
ATTN:Stanna Flom
800 4th Avenue East, Ste 1
West Fargo, ND 58078
www.westfargond.gov