

LOCAL VENDOR APPLICATION – NEW HAMPTON

July 29, 2022

RAGBRAI VENDOR APPLICATION – Booth space 10’ x 20’

___ Vendor Fee \$100 (Add \$50 extra 10’x10’) ___ \$50 ___ Electricity \$50

___ Non Profit \$50

****Vendor fees apply to any business or organization conducting activities beyond their normal operations while looking to profit from RAGBRAI.**

ALL NEED INSURANCE

Vendor Name _____

Contact Person _____

Mailing Address _____

City, State & Zip _____

Phone#: _____ Email: _____

Sales Tax Permit # or Fed ID# _____

Products or Service:

Type of item (food, beverage, or other) that you will be selling. If you plan to serve a meal, attach a menu, prices.

How many people do you plan to serve? _____

First Item: _____

Second Item: _____

Third Item: _____

Fourth Item: _____

What hours do you plan to be open? _____

Do you need electricity? ___ Yes ___ No If yes, please fill out 2nd page of this form.

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

Please return this form by June 1, 2022

New Horizons-Chamber

RAGBRAI Committee

15 W. Main Street

New Hampton, Iowa 50659

(641) 394-2021 | nhcnewhampton@gmail.com

****If you wish to pay by credit card, please contact us at the number above.**

APPLICATIONS ARE DUE BY JUNE 1, 2022

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.

ELECTRICAL SERVICE REQUEST – NEW HAMPTON

ELECTRICAL SERVICE REQUEST

Please return this form by June 1, 2022. 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 # _____

Vendor Name _____

Primary Use:

- | • Item | Qty. |
|------------------------|-------|
| • Lighting | _____ |
| • Refrigeration | _____ |
| • Coffee Maker | _____ |
| • Fountain Pop Machine | _____ |
| • Roaster | _____ |
| • Crock Pot | _____ |
| • Other (please list) | _____ |
| _____ | _____ |
| _____ | _____ |

Size of service needed – specific requests:

Please return this form by June 1, 2022

New Horizons-Chamber
RAGBRAI Committee
15 W. Main Street
New Hampton, Iowa 50659
(641) 394-2021