**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.)

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**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:

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