



VENDOR APPLICATION

Profit Nonprofit

Organization Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Website/Facebook: _____

Sales Tax Permit # or
Fed ID # or SS # _____

Do you require electricity? _____ Space size requirement? _____

Profit
 30amp (\$75)
 50amp (\$125)

Non Profit
 (\$50)

Special Request: _____

Make check payable to: Denison RAGBRAI 2018 LLC
Return Application and Payment to:
City of Denison
111 N. Main St.
Denison, IA 51442

Product or Service

Type of item (food, beverage, or other) that your organization would like to sell. Please list your choices and approximate prices. If you plan to serve a meal, attach a menu, prices, and which meals you plan to serve on a separate sheet. Please list prices with and without wristbands.

First Item: _____

Wristband Price _____

No Wristband Price _____

Second Item: _____

Wristband Price _____

No Wristband Price _____

Third Item: _____

Wristband Price _____

No Wristband Price _____

Fourth Item: _____

Wristband Price _____

No Wristband Price _____

Fifth Item: _____

Wristband Price _____

No Wristband Price _____

Sixth Item: _____

Wristband Price _____

No Wristband Price _____

Seventh Item: _____

Wristband Price _____

No Wristband Price _____

Eighth Item: _____

Wristband Price _____

No Wristband Price _____

Ninth Item: _____

Wristband Price _____

No Wristband Price _____

Tenth Item: _____

Wristband Price _____

No Wristband Price _____