



Interim Food Vendor Application/Agreement

Company Name: _____

Contact Name: _____

Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Website: _____

State Tax ID# (UBI): _____

Please provide a description of your general menu or attach one with this application:

Please provide photos of your food vendor trailer/tent set up:

By submitting this application, I agree to abide by all rules pertaining to interim events at the Southwest Washington Fairgrounds.

_____ (Initial) I will provide insurance in the amount of \$1,000,000.00 (one million dollars)

“Lewis County, Southwest Washington Fairgrounds, their officers, directors, agents and employees shall be named as non-contributory, additionally insured.”

_____ (Initial) I agree to remove my food trailer/tent at the end of each event. Fees will apply for food trailers/tents left on the grounds.

_____ (Initial) I agree to dispose of all events related refuse, recycling, and cooking oils in the proper receptacles.

_____ (Initial) I will have a valid Lewis County Health permit if needed for the operation of my booth (IF YOU PROVIDE TASTING SAMPLES for public consumption, you will need a health permit). Contact the Lewis County Health Department at 360.740.1223 or go to <http://lewiscountywa.gov/environmental-health/food-safety-program#tempfoods> and fill out a Temporary Food Establishment Permit Application.

_____ (Initial) I agree to submit payment for each event within 3 days of the event. The following items must be included, Concessionaire Summary Form, event date z-tape, and 20% of net profits paid through cash or check.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Mail or Email this completed application to

swwfair@lewiscountywa.gov • Southwest Washington Fairgrounds

1909 S. Gold Street • Centralia, WA 98531 • Office: 360.740.1495 • southwestwashingtonfairgrounds.org

12/5/2023