

YABBA DABBA DOUDS!

RAGBRAI VENDOR APPLICATION

JULY 25, 2019

APPLICATIONS DUE JUNE 1, 2019*

BOOTH SPACE IS 10' x 20' NO ELECTRICITY OPTIONS ARE AVAILABLE.

- \$25.00.....NON – BUSINESS LOCATED IN VILLAGE TOWNSHIP, VAN BUREN COUNTY
- \$50.00.....NON - BUSINESS LOCATED IN OTHER AREAS OF VAN BUREN COUNTY
- \$250.00.....FOR - PROFIT BUSINESS/VENDOR LOCATED IN VAN BUREN COUNTY
- \$100.00.....MANDATORY REFUNDABLE CLEAN-UP DEPOSIT
- \$350.00.....FOR - PROFIT BUSINESS/VENDOR LOCATED OUTSIDE OF VAN BUREN COUNTY
- \$100.00.....MANDATORY REFUNDABLE CLEAN-UP DEPOSIT

**Douds planning committee reserves the right to decline a vendor application if they deem it necessary.*

WILL YOU BE SET-UP ON YOUR OWN PROPERTY? YES NO

If YES, a \$25 donation is requested to assist with overall event expenses. Please complete the application for informational purposes.

ORGANIZATION/BUSINESS/VENDOR NAME _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL _____

SALES TAX PERMIT # (if applicable) _____

PRODUCTS 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. **It will be your (vendor) responsibility to acquire/comply with all health department licenses and regulations.** Please list prices for customers with and without official RAGBRAI® wristbands.

How many people do you plan to serve? _____

First Item: _____ Wristband Price\$ _____ Without \$ _____

Second Item: _____ Wristband Price\$ _____ Without \$ _____

Third Item: _____ Wristband Price\$ _____ Without \$ _____

Fourth Item: _____ Wristband Price\$ _____ Without \$ _____

What hours do you plan to be open? _____ (ALL VENDORS MUST BE SET-UP BEFORE 8:30AM)

To process your application, it MUST include the following:

- Completed vendor application
- Vendor Booth Fee (Check payable to: DOUDS COMMUNITY CLUB)
- \$100 Refundable Cleanup Deposit, if applicable.
- Proof of Liability Insurance Coverage.

MAIL TO:
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