

# COON RAPIDS RAGBRAI® VENDOR APPLICATION

Vendor fee:       For-Profit \$350       Non-profit \$250       Electricity \$50

Organization name:		Contact person:	
Mailing address:		City, state zip:	
Phone #:		Email address:	
Sales tax permit # or FED ID # or Social Security #			

## 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 that you plan to serve on a separate sheet. Please list prices with and without 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? \_\_\_\_\_

Do you need electricity?     No     Yes    If yes, complete electrical service request form.

Would you have interest in working with another group (cost sharing opportunities)?     No     Yes

Will you be on your own property?     No     Yes

List any preference of location. \_\_\_\_\_

*Location is not guaranteed. A locations meeting will be held after all applications are returned. Street vendors will be set up on the two blocks between Sixth Avenue and Fourth Avenue. Booth space is 10'x20'.*

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

Please include on the back of this form any additional information.

---

## APPLICATIONS ARE DUE BY MAY 18, 2018

No refunds will be extended for cancellations.

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.

Make checks payable to the: Coon Rapids Development Group  
Send completed applications, checks and proof of liability to the City Clerk's office,  
123 Third Avenue, Coon Rapids, IA 50058.  
Questions: Contact Katie Mason 515-418-1198

I/we hereby signed under penalty of perjury that the information contained in the application is true and correct.  
I/we release the City of Coon Rapids of all liability associated with my booth.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ELECTRICAL SERVICE REQUEST

Please return this form by June 1 or no provisions will be made or allowed. 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.

Organization name: _____	Contact person: _____
Phone #: _____	Email address: _____
Location (to be completed by RAGBRAI committee): _____	

**PRIMARY USE:**

Item	Quantity
<input type="checkbox"/> Lighting	_____
<input type="checkbox"/> Refrigeration	_____
<input type="checkbox"/> Coffee Maker	_____
<input type="checkbox"/> Fountain Pop Machine	_____
<input type="checkbox"/> Roaster	_____
<input type="checkbox"/> Crock pot	_____
<input type="checkbox"/> Frying Pan	_____
<input type="checkbox"/> Other (please list) _____	_____
_____	_____

Approximate # of outlets \_\_\_\_\_

Size of service needed – specific requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How many watts do you require?** \_\_\_\_\_  
*If you do not know the power consumption of all your equipment list them below.*

Item	Quantity
Coffee maker (small)	_____
Coffee maker (large)	_____
Pop dispenser (watts _____)	_____
Roasters	_____
Crock pots	_____
Frying Pans	_____
Other _____	_____
Other _____	_____
Other _____	_____
Other _____	_____

**Questions:** Contact John Clayburg, 712-830-5062

**PLEASE RETURN THIS FORM BY JUNE 1 TO:**  
 RAGBRAI® Electrical Committee  
 123 3rd Avenue  
 Coon Rapids, IA 50058