_	— May	y 31, 20)25 -	
V	endor	appl	Cat	01

BENEFI

U								
Business Name								
Mailing Address								
City		Stat	e	Zip				
Phone	E	mail						
Authorized Contact								
ABOUT YOUR BUSINESS OR ORGANIZATION Please explain what your business or organization does or promotes in order for us to place you accordingly and also to help us prevent duplicate vendors. (Include items that will be sold or given away)								
VENDOR SPECIFICAT Type (Check One)	TIONS Size (Check One)	Power (Food	Vendors Only					
Indoor (See Size)	□ 10x10 - \$50		, , ,					
Outdoor (See Size	□ 10x20 - \$100	 220-30A	Aside from food					
□ Food - \$225.00 □ 10x30 - \$150		220-50A	power will only where available	•				
FOOD VENDORS TO BE LIMITED).							
Authorized Signatu	ure		_ Date					
PLEASE NOTE								
Vendor	Fees must be paid at	time of applicat	ion. No refun	ds.				
Cash Check Venmo (please put your name in payment description)								
All vendors MUS	ST set up betwee	n 12рм - 5рм	Friday, M	av 30, 2025.				
Mail to: 6510	UE BY: M Make checks payable South Sixth Stree For more info 509-554-8821 • Email:	to: Benefit for t t, #130 • Kla prmation contact	the Basin math Falls, t:	OR 97603				

OFFICE USE ONLY Received ____/ By ___