

Food Concession Application Completed form must be returned by July 30, 2008

Return to:
 Phillipsburg Area Chamber of Commerce
 Food Concession Committee
 PO Box 326
 Phillipsburg, KS 67661

ORGANIZATION/BUSINESS NAME:

CONTACT PERSON _____

ADDRESS _____

CITY _____

BUSINESS PHONE _____ HOME _____ CELL _____

REFERENCES

Event/Location	Contact	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Concession Booth Information **PLEASE COMPLETE FULLY!**
 Please include a photo or diagram of booth you will be using, including any attachments (awnings, tents, etc...)

Total dimensions (with attachments) _____

Electrical requirements: _____

Other special needs: _____

Supply vehicle description/dimensions: _____

Licensed for food vending in Kansas? _____ Yes _____ No

Liability Insurance, company name and policy number _____

Booth Size	10 x 10	_____ @ \$50.00	_____
Electricity	110 V-20 amp	_____ @ \$10.00	_____
	220 V-20 amp	_____ @ \$20.00	_____
	Number of plug-ins required _____		
Parking		_____ @ \$ 5.00	_____

TOTAL