

Vendor Application

Company Name:					
Owner:					
Address:					
City:		State:		Zip Code:	
Telephone:		E-Ma	il:		
List all items you intend				AN BE SOLD** sued, it will be on the	
Self-contained unit? Yes Vending area size requir Standard 110: Please provide any addit				nnit: End-serve er dimensions:_ est provide your own e	Side-serve xtension cord!
Brazos County Health Do you have a Brazos C General Liability Insuran	Permit #:ounty Food Handler	Card(s)? Y Vo	/es No Policy #:	(Permit mu	ust be visible in booth!
Fees: Craft Booth: \$ Food & Conces		Deposit (Tv	wo separate chec	ks, please.)	
NOTE: Deposit check is area clean. If you have					ou leave your booth
Remen	nber the appl	ication	deadline i	s: September	1, 2025
Fiestas Patrias use only	<u>:</u>				
Payment: Check# Deposit: Check #	Amount \$ Refund: Y	N	Money Order/ Date:	Cashier's Check # Check #	

P.O. Box 346 Bryan, Texas 77806 www.fiestaspatrias.org