## **VENDOR REGISTRATION APPLICATION**

## **Jefferson County Fair Board**

# **Jefferson County Fair**

P.O. Box 326 Oskaloosa, KS 66066 785.863.2212 | 785.224.3778 roennej@yahoo.com

### VENDOR REGISTRATION APPLICATION

	VENDOR REGIS	TRATION APPLICATION
INTERNAL USE ONLY	VENDOR ID	DATE
VENDOR CATEGORY		
Describe the goods or service you supply.		
COMPANIVALANE		
COMPANY NAME		
CONTACT		
NAME	TITLE	
ADDRESS		
/ ISSUED		
PHONE	EMAIL	
FAX	WEBSITE	
DENIEUT TO EVENIT		
BENEFIT TO EVENT	the offerings of your organization	
Please provide additional details regarding	g the offerings of your organization.	
ORGANIZATION		
NUMBER OF YEARS		

CLASSIFICATION / CERTIFICATION		
ORGANIZATION TYPE		
UNION AFFILIATIONS		
	FEDERAL TAX ID NUMBER	
TAXPAYER ID NUMBER		
Please list the cities and/or states that your company performs work in.		

#### **CERTIFICATION**

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change. Proof of Liability/Indemnity insurance may be required at the request of the Fair Board.

NAME	TITLE
SIGNATURE	DATE