

2026 FOOD VENDOR APPLICATION

Whidbey Island Fair

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Langley, WA 98260

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Fair Dates: July 23-26, 2026 Application Deadline: April 15, 2026

COMPANY OR ORGANIZATION _____ UBI NO. _____

MAILING ADDRESS _____
STREET CITY STATE ZIP

CONTACT PERSON _____ PHONE _____

E-MAIL _____

PROPOSED MENU (please list ALL food items to be sold, including prices):

_____	_____
_____	_____
_____	_____

IF MORE ROOM IS NEEDED, ATTACH SEPARATE LIST OR USE REVERSE SIDE OF APPLICATION.

INDICATE IF YOU ARE A:

☐ RETURNING VENDOR ☐ NEW VENDOR

SPACE REQUESTED:

☐ FAIR BOOTH ☐ OWN TRAILER OR CANOPY (SPECIFY ROAD FRONTAGE FOOTAGE NEEDED, INCLUDING TONGUE: _____)

LIST ALL ITEMS USING ELECTRICITY IN BOOTH: _____

☐ 110 VOLTS ☐ 220 VOLTS

 RETURNING VENDORS – SUBMIT APPLICATION AND SEND PAYMENT TO SECURE YOUR BOOTH SPACE NOW!

 NEW VENDORS- SUBMIT APPLICATION AND SEND PAYMENT TO ABOVE ADDRESS TO SECURE SPOT. CHECK NOT CASHED UNTIL ACCEPTED

BOOTH SIZES & RATES

- ☐ Enclosed, secured, apx. 10 x 13-ft. single Midway space with electricity and water. Cook outside space and serve from inside space. Common concessionaires' dishwashing facility available.....\$275.00
- ☐ Enclosed, secured, apx. 20 x 13-ft. double Midway space with electricity and water. Inside cooking approved. Common concessionaires' dishwashing facility available.....\$425.00
- ☐ Enclosed, secured, apx. 15 x 13-ft. Midway space with electricity and water. Increased cooking availability vs 10x13 booths. Common concessionaires' dishwashing facility available ONLY 2 booths available!..... \$350.00
- ☐ Outside self-contained concession unit spaces, 10x10.....\$275.00

Units in excess of 10 feet in length will be charged an additional \$15 per linear foot overage.

IN ADDITION TO THE BOOTH SPACE RENT ABOVE, 20% COMMISSION ON GROSS SALES (LESS SALES TAX)
MUST BE PAID AT THE CLOSE OF THE FAIR ON SUNDAY EVENING.
DAILY GROSS SALES REPORTS WILL BE REQUIRED.

NO VEHICLES OR TRAILERS MAY BE PARKED IN EXHIBITOR AREAS.

FOR OFFICE USE ONLY

DATE APPLICATION: Received _____ Reviewed _____ ACCEPT ☐ REJECT ☐

DATE CONTRACT: Sent _____ Returned _____ Amount Paid & Receipt No. _____

DATE INSURANCE: Provided _____ Purchased _____ Refunded _____