

# TRAIL OF TERROR

## 2017 - FOOD INDEPENDENT VENDOR APPLICATION

APPLICANT INFORMATION						
Last Name				First Name		
Company Name						
Name of Proposed Booth						
Address					Apt./Unit #	
City				State		Zip
Cell Phone				Home Phone		
Email					Fax	

PROPOSED MENU:				
	Name of Item:	Portion Size:	Price:	Serving Method:
1				
2				
3				
4				
5				
6				
7				
8				

ITEM DESCRIPTIONS (CONTENT/INGREDIENTS):	
1	
2	
3	
4	
5	
6	
7	
8	

FAIRS OR SHOWS RECENTLY PARTIPATED IN:						
1	Fair or Show:		State:		Contact:	
	Email:			Phone:		

2	Fair or Show:		State:		Contact:		
Email:				Phone:			
3	Fair or Show:		State:		Contact:		
Email:				Phone:			

<b>FOOD, CONCESSION OR RESTERAUNT EXPERIENCE:</b>						

<b>BUSINESS REFERENCE:</b>						
1	Contact Person:		Relationship:			
Email:					Phone:	
2	Contact Person:		Relationship:			
Email:					Phone:	

<b>PERSONAL REFERENCE:</b>						
1	Contact Person:		Relationship:			
Email:					Phone:	
2	Contact Person:		Relationship:			
Email:					Phone:	

- Include with this application a color photo of each product which you desire to sell at Trail of Terror.
- All submissions become the property of Trail of Terror and will not be returned.
- Trail of Terror must receive all applications on or before April 30, 2017.  
Applications must be postmarked by deadline.
- Return application by mail to:  
Trail of Terror  
Attn: Stephanie Whipps  
1244 S. Canterbury Rd. Ste. 306  
Shakopee, MN 55379