



**2024 Botkins Carousel Vendor Form
June 7, 8, 9**

Organization Name _____

Contact Person _____

Contact information:

Mailing address _____

Phone number _____ Secondary phone number _____

Is your organization sponsoring a vendor?

Name of vendor _____

Contact person _____

Contact phone number _____

When will your group be operational?

___ Friday ___ Saturday ___ Sunday ___ Full Weekend

Identify intended items for sale (no competitive food items will be permitted)

List all electrical equipment your group will be using.

{microwaves, freezers, roasters, fryer, crockpots, etc., identify multiple number of any item}

Food Truck length _____ **Requirements for operation** (water, electrical load)

FEE LEVELS:

Nonprofit organizations \$150

Commercial vendors \$200

Late fee after Feb 23 - \$75

Return to:

Botkins Community Club

PO Box 445

Botkins, Ohio 45306

Attn: Carousel Vendors

Make checks payable to:

The Botkins Community Club

Questions: Sarah Schmitz 937-638-1684