

MINNESOTA Renaissance Festival

2017 - FOOD INDEPENDENT VENDOR APPLICATION

APPLICANT INFORMATION						
Last Name		First Name				
Company Name						
Name of Proposed Booth						
Address				Apt./Unit #		
City			State			
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 PARTICIPATED 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:	

FOOD, CONCESSION OR RESTAURANT EXPERIENCE:	

BUSINESS REFERENCE:			
1	Contact Person:		Relationship:
Email:			
2	Contact Person:		Relationship:
Email:			

PERSONAL REFERENCE:			
1	Contact Person:		Relationship:
Email:			
2	Contact Person:		Relationship:
Email:			

- Include with this application a color photo of each product which you desire to sell at the Minnesota Renaissance.
- All submissions become the property of the Minnesota Renaissance and will not be returned.
- The Minnesota Renaissance must receive all applications on or before March 31, 2017.
Applications must be postmarked by deadline.
- Return application by mail to:
Castle Kitchens Corporation
Attn: Stephanie Whipps
1244 S. Canterbury Rd. Ste. 306
Shakopee, MN 55379
- Please refer to the following document "2017 Food Independent Vendor Information" for questions and answers.