

Sagadahoc Agricultural & Horticultural Society

Annual Topsham Fair

PO Box 236

Topsham, Maine 04086

Vendor Application

Month _____ Day _____ 20 _____

Name:

Address:

Phone Number:

Company Name:

State Tax Number:

Dept. Human Services Number:

****** FOOD VENDORS; ARE YOU SERVE SAFE CERTIFIED?******

___YES ___NO

Vendor has read and agreed to the terms and conditions set forth. YES___ NO___

Applicant applies to Sagadahoc Agricultural Society for consideration of vending space for the purpose of selling and/or exhibiting and utilizing the rented space for the following purpose:

*Note: If food is to be sold please be specific and list all items. Only those items listed will be considered by Topsham Fair Officials. List does not guarantee approval.