

**Sagadahoc Agricultural & Horticultural Society**

Annual Topsham Fair

P. O. Box 236

Topsham, Maine 04086

**Vendor Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

State Tax Number: \_\_\_\_\_

Dept. Human Services Number: \_\_\_\_\_

**\*\*\*\*FOOD VENDORS, ARE YOU SERVE SAFE CERTIFIED? \*\*\*\***

Circle: YES OR NO

Vendor had read and agreed to the terms and conditions set forth. Circle: YES or  
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:

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***\*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.\****