## LINCOLN COUNTY FAIR VENDOR APPLICATION 2024

Establishment Name:						
Name of Owner or Ope	rator:					
Address:						
City:	State:			Zip:		
Phone:	Cell:		Alt:			
Email:						
Do you own your own (	Concession Trailer?		Yes:		No:	
f you answered yes, wl	at are the measurem	ents of the tr	ailer?			
Length, including traile	r hitch, X width)					
Where is the access wir	dows/door on? Locat	ted?				
Do you need power at y	our booth?	Yes:		No:		
Do you need water at y	our booth?	Yes:		No:		
Do you have a Lincoln C .icense Number:	ounty Business Licens	se?	Yes:		No:	
Have you Secured a He Health Department Nu	•	nit?	Yes:		No:	
(Please note: all food v as a food vendor. Plea Health Inspector conta	se bring a copy of you	ur Health Per	-		it to register	
THERE ARE A LIMITED N All containers, coolers,						
Please return complete	d Application with pa	yment \$200 k	oy July 30, 20	)23 to:		
Lincoln County Fair PO Box 246 Alamo NV 89001						
VENDOR SPACE MUST AND SETUP! NO EXC		ED BEFORE A	VENDOR W	ILL BE ALLO	WED TO PARK	

Questions please contact Chassy Scott at 775-962-2510