

Washington County Fair
Vendor Information Sheet
Richmond, RI

Name of Business or Organization: _____

Name of Responsible Person: _____

Address: _____

Phone: (____) ____ - ____ Cell: (____) ____ - ____

E-Mail: _____ @ _____

List **ALL** products you are planning to sell (use reverse side if necessary):

RI Sales Tax ID #: _____

What type of setup do you have? _____ Tent _____ Trailer _____ Table

Rental: Standard booth space is 10' x 10'. A fifteen (15) AMP outlet is supplied per booth.

Indoor

Outdoor

Free standing

_____ foot frontage required

Insurance: We require \$1,000,000 worth of liability insurance.

Will you be providing this? _____ Yes _____ No

Send photo of booth setup as it will be displayed at our fair.

Please mail this form to one of the following:

Mr. Thomas Buck
11 Church Street
Ashaway, RI 02820

Ms. Roxanne Nelson
749 Waites Corner Road
West Kingston, RI 02892