

**OMAK STAMPEDE, INC.
421 Stampede Dr E
Omak WA 98841**

APPLICATION FOR CONCESSION

Company Name: _____

Owner/Operator Name: _____

Address (Winter & Summer): _____

Phone: _____

Mobile Phone: _____

Fax: _____

Email: _____

Size of space needed (front and depth footage - trailer tongues included): _____

Space location preferred (Food/Merchant Court, Section): _____

Merchandise Description (please enclose a picture or brochure of booth and/or merchandise): _____

Electrical and water needs (please list items in your booth needing electricity i.e.: air conditioner, how many and type of lighting, fry pans, etc.): _____

Clean-Up Deposit (**due May 1**) \$ _____ Space Fee (**due May 1**) \$ _____

NOTE: Funds will not be deposited until week of Stampede.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Paid Deposit \$ _____ Date _____

Paid Fee \$ _____ Date _____