

**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 \_\_\_\_\_