



Food Vendor Registration Form

Vendor Information:

Company Name: _____

Contact Person Name: _____

Daytime Phone: _____ **Fax Number:** _____

Street Address: _____ **E-mail:** _____

City: _____ **State:** _____ **Zip:** _____

Product Information:

Product Name	Description	Portion Size/ Quantity	Proposed Price

Experience/References:

In the space below, please provide information about your experience at other festivals. Include name of festival, dates you participated, location of festival and whether it was indoor or outdoor. Feel free to attach additional pages if necessary.

Please fax the completed form to (513) 231-4412 attn: Cincy-Cinco
You will be contacted after we receive your application to finalize the details of your participation.