

**Sagadahoc Agricultural & Horticultural Society**

Annual Topsham Fair

P. O. Box 236

Topsham, Maine 04086

**Vendor Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**State Tax Number:** \_\_\_\_\_

**Dept. Human Services Number:** \_\_\_\_\_

\*\*\*\*FOOD VENDORS, ARE YOU SERVE SAFE CERTIFIED? \*\*\*\*

Circle: YES OR NO

Vendor had read and agreed to the terms and conditions set forth.

Circle: YES or NO

Applicant applies to Sagadahoc Agricultural Society for consideration of vending space for the purpose of selling and / or exhibiting and utilizing the rented space for the following purpose:

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\*Note: If food is to be sold please be specific and list all items. Only those items listed will be considered by Topsham Fair Officials. List does not guarantee approval.\*

