



General Beresford's Wheels 'n Squeals June 16th and 17th, 2017 Food, Vendor Booth Registration Form

Name: _____

Business Name: _____

Address: _____

Phone #(s): _____ Email: _____

Describe your menu, no alcohol (be specific):

Number of booths needed: \$100.00 - no electricity _____ \$125.00 – electricity (limited)
Electrical Needs: _____ Amps _____ Volts _____ type _____ of plug -in (prongs)

Upon receiving your application you will receive a SD Health Permit which must be completed and filed with the SD Dept. of Health prior to the event. Also included is the SD Sales Tax form which must be filed after the event

Items required prior to May 10, 2017:

SD Health Permit _____
Application Fee _____

Proof of Insurance _____ SD Sales Tax Form _____

Method of Payment: _____ Cash _____ Check _____

Make check payable to: Beresford Wheels 'n Squeals

Mail to: Wheels 'n Squeals– Vendor Booths
PO Box 107
Beresford, SD 57004

Contact Information: Sara Bovill: 605-610-8716 or BeresfordWNS@gmail.com

Confirmation: After receipt and acceptance of the registration form and rental fee, a confirmation notice will be sent by email if one is listed.

Do you wish to be contacted regarding the 2017 Beresford Wheels 'n Squeals?
_____ yes _____ no