



Des Moines County Fair

4H/FFA Food Concession Application 2024

Return By April 1st

Club/Chapter Name (Please Print) _____

Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Number of 50amp Plugs Needed _____

Number of 110 Plug ins Needed _____

Length of Space needed in Feet if not in a pre-done booth _____

Items Being Sold in Your Booth

I hereby acknowledge that the Des Moines County Fair Association has the right to determine the appropriateness of any products in the booth and will comply with a request from the Des Moines County Fair Association to removing any product determined by the Des Moines County Fair Association in its sole discretion to be inappropriate.

Signature _____ Date: _____