**Letter of Agreement**

This letter of Agreement, the Certificate of Organization and Authority (Note: this must be notarized), a valid Certificate of Insurance, and the Riverfest Food Vendor Agreement must be signed and returned to the Riverfest Food Director along with your chosen entry fee on or before March 31st, 2025.

**Pricing Options:**

|  |  |  |
| --- | --- | --- |
| Option | Base Fee | Sales % |
| 1 | $150 | 20% |
| 2 | $500 | 12% |
| 3 | $1,750 | 0% |

**PLEASE KEEP A COPY OF THE CONTRACT FOR YOUR RECORDS.**

Accepted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person, Title Printed Name

For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name (please print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sarah Sovereign, Food Director

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DJ Olbrys, President

**PLEASE SEND TO:** **Riverfest, Inc.**

**Attn: Sarah Sovereign, Food Director**

**P.O. Box 1745**

**La Crosse, WI 54602-1745**

**Make sure you have completed and enclosed the following:**

\_\_\_\_ Letter of Agreement

\_\_\_\_ Certificate of Organization and Authority (Note: This must be notarized.)

\_\_\_\_ W-9

\_\_\_\_ Food Fair Vendor Agreement

\_\_\_\_ Entry Fee (payable to Riverfest, Inc.)

\_\_\_\_ Certificate of Insurance (**valid for July 2nd-5th, 2025**)

\_\_\_\_ OR My insurance expires on \_\_\_\_\_\_\_\_ I will have a valid copy sent upon renewal.

Note: All of the above must be received by March 31st, 2025, unless other arrangements are made in writing with the Riverfest Food Fair Director.

Rev 12/2024 SWS