Food and Beverage Stand Registration Worksheet	
Organization:	
Chairman / President:	
Contact Person:	
Address:	
Work Phone #	Home or Cell Phone #
Describe Food(s) and/or Beverages you plan to sell:	
Describe Food Stand and <u>EXACT</u> Measurements (indicate if you will be using a wagon):	
Self-contained Wagon: (circle one if applies)	240V or 120V
Describe <u>EXACT</u> Space Requirements:	
ELECTRICAL NEEDS: The Health Department requires you to have HOT WATER available. You may need to use an appliance to keep it heated.	
Vendor Electrical Request	
Require Less than 50 amps: Vendors requiring 50 AMPS or less will be cord and plug connected. Specify needs from available plug configurations listed below. Plug adapters are not provided.	
OG	G (F Dw)
15A 125V 20A 125V	NEMA L14-30R
5-15R/5-20R Number Requested	30 Amps 125 / 250 Volts L14-30 Maximum of One
NEMA# 14-50R 50 Amp 1-120/240 VAC	(800) 597-9311 X W G 50 Amp125/250 Volt Locking Flush Mount Receptacle Non-NEMA Configuration
14-50R Maximum of One	50 AMP125/250 Maximum of One
Require more than 50 AMPS: Vendors requiring greater than 50 AMPS will be hard wired to an electrical distribution panel. Specify estimated total electrical requirements:	
AMPS VOLTS WII	RE SIZE
Note: Worn or defective equipment will not be connected.	

Note: Please contact the Marathon County Health Food Safety Program 715-261-1900 to discuss your food service plan prior to the event.