

AUTHORIZATION REQUEST TO DISTRIBUTE FOOD AND/OR BEVERAGE SAMPLES

FOOD AND/OR BEVERAGE VENDORS MUST COMPLETE THE FOLLOWING

This form must be completed and returned no later than Monday, August 26. This form must be received and approved before you will be allowed to sample your food and/or beverage products at the Showcase.

Please email, mail or fax this form to: ND Department of Agriculture
600 E Boulevard Ave, Dept. 602, Bismarck ND 58505-0020
Fax: (701) 328-4567
Email: khaff@nd.gov

Show 2019 Dickinson Harvest Showcase

Company _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Contact Name _____

Products your company wishes to sample _____

Size of portions to be sampled _____

Proposed method of dispensing _____

Where is your food prepared/processed? _____

Are you licensed by the state or by a local health district? Yes _____ No _____

If so, where? _____