



DES MOINES WHISKEY FESTIVAL

2026 VENDOR APPLICATION | OCTOBER 2-3 | WEST DES MOINES, IOWA

PAGE 1 OF 3

A few vendor spaces remain - \$800 for both festival days.

Complete this application to be considered. Submission does not guarantee acceptance. Selected vendors will receive confirmation, payment instructions and final event logistics.

1. CONTACT INFORMATION

Business name *

Primary contact name *

Title / role

Email address *

Phone number *

Business address

City, state and ZIP

Website

Social media links / handles

2. BUSINESS INFORMATION

Briefly describe your business *

What products or services would you feature or sell? *



3. BUSINESS FIT

Category examples: apparel, art, handcrafted goods, cigars, specialty food, home/decor, professional services, retail or other.

Vendor category *

Anticipated product price range

If other, please describe

Previous festivals, markets or large events (if applicable)

4. BOOTH AND LOGISTICS

Describe your planned booth setup *

Electricity required? (Yes / No)

Wi-Fi required for transactions? (Yes / No)

If yes, describe your electrical requirements

Other setup needs or accommodations

Link to product photos, booth photos or promotional materials



5. VENDOR ACKNOWLEDGMENTS

- ☐ I understand the vendor fee is \$800 and includes participation on both Friday, October 2 and Saturday, October 3, 2026.
- ☐ I understand that submitting this application does not guarantee acceptance.
- ☐ If accepted, I agree to staff and operate my booth during the required vendor hours provided by the festival.
- ☐ I understand that vendors are responsible for their own sales transactions and any applicable permits, licenses, insurance and taxes.
- ☐ I confirm that the products and services represented in this application accurately reflect what I plan to offer at the festival.
- ☐ I understand that acceptance, payment instructions and final event details will be provided separately by the festival team.

6. AUTHORIZATION

By typing my name below, I certify that the information provided is accurate and that I am authorized to submit this application on behalf of the business listed above.

Authorized representative name *

Title / role *

Electronic signature (type full name) *

Date *

7. SAVE AND RETURN

Save the completed PDF using your business name in the filename. Then email it as an attachment to dsmwhiskeyfest@gmail.com. The button below opens a pre-addressed email; remember to attach the saved PDF before sending.

OPEN EMAIL TO RETURN COMPLETED FORM