

PLEASE PRINT

MUST BE RETURNED BY FEBRUARY 24th, 2017

SUWANNEE COUNTY FAIR

March 17th - March 25th, 2017

OUTSIDE NON-FOOD COMMERCIAL EXHIBITORS APPLICATION

NAME OF BUSINESS _____ FED.ID # _____

NAME & TITLE OF APPLICANT _____ PH # (____) _____ CEL # (____) _____

MAILING ADDRESS _____
STREET CITY STATE ZIP

TYPE OF EXHIBIT: (CHECK ONE) Email Address _____

____ TENT **APPLICATION WILL NOT BE ACCEPTED IF FEES ARE NOT INCLUDED**
____ TRAILER

BRIEF DESCRIPTION OF EXHIBIT _____

****PLEASE ENCLOSE A PICTURE OF YOUR DISPLAY OR STAND WITH THIS APPLICATION****

SIZE OF SPACE DESIRED _____ COST OF OUTSIDE SPACE UP TO A (10X10) \$250.00
(12X12) \$300.00
(12X20) \$350.00

ELECTRIC CHARGE _____ 220 SERVICE WILL BE \$1.00 PER AMP
110 SERVICE WILL BE INCLUDED IN SPACE FEE

AMOUNT ENCLOSED _____ ***** FEES FOR SPACES ARE NOT REFUNDABLE *****
MUST ACCOMPANY APPLICATION

*****NO TELEPHONE OR FAXED ENTRIES WILL BE ACCEPTED*****
BOOTHS ARE FILLED ON A FIRST COME FIRST SERVE BASIS.
THIS APPLICATION IS A CONFORMATION OF YOUR SPACE UNLESS OTHERWISE NOTIFIED. NO CONFORMATIONS WILL BE MAILED. SPACES WILL NT BE RESERVED UNTIL PAYMENT IS RECEIVED.

EACH EXHIBITOR IS RESPONSIBLE FOR COVERING THEIR POWER CORDS WITH A RUBBER MAT.
STORAGE AREA MUST BE SURROUNDED BY A FENCE

WE AGREE TO FILL ASSIGNED SPACE BY 12:00 PM, FRIDAY, March 18, 2017.
FAILURE TO DO SO WILL RESULT IN YOUR SPACE BEING FORFEITED.

WE FURTHER UNDERSTAND THAT NO PRODUCTS OR MERCHANDISE CAN BE RAFFLED FROM THIS BOOTH. YOU MAY, HOWEVER HAVE A FREE DRAWING FOR PRODUCTS OR SERVICES.

PASSES WILL BE PROVIDED FOR TWO (2) EXHIBITORS PER DAY FOR EACH SPACE PURCHASED.
ADDITIONAL PASSES MAY BE PURCHASED THROUGH THE FAIR OFFICE OR AT THE TICKET BOOTH.
EXHIBITORS MAY PARK IN THE NORTH OR SOUTH PARKING LOT.

EVERY ARTICLE ON EXHIBIT SHALL BE AT ALL TIMES UNDER THE CONTROL OF THE SUWANNEE COUNTY FAIR ASSOCIATION. EVERY PRECAUTION WILL BE TAKEN FOR THE SAFE KEEPING OF SAME, BUT THE SUWANNEE COUNTY FAIR ASSOCIATION WILL IN NO CASE BE RESPONSIBLE FOR ANY LOSSES, DAMAGE, OR INJURIES TO THE EXHIBITOR, HIS AGENT, OR REPRESENTATIVES. THE EXHIBITOR SHALL HOLD THE SUWANNEE COUNTY FAIR ASSOCIATION HARMLESS AND AGREE TO INDEMNIFY SAME FROM THE NEGLIGENCE OR FAULT OF THE EXHIBITOR, HIS AGENTS, OR REPRESENTATIVE. IT IS REQUIRED THAT THE EXHIBITOR CARRY INSURANCE ON HIS MERCHANDISE.

ALL DISPLAYS MUST BE SET UP IN A WAY AS NOT TO BLOCK THE WALKWAYS OR NEIGHBORING BOOTHS.

PLEASE MAKE CHECKS PAYABLE TO: _____
SUWANNEE COUNTY FAIR SIGNATURE OF APPLICANT

MAIL TO: _____
SUWANNEE COUNTY FAIR TITLE

BOOTHS
P. O. BOX 266 _____
LIVE OAK, FL 32064 DATE