

CARVER COUNTY FAIR

Vendor Request for Space

Name of Business/Organization _____

Contact Person _____

Complete Address _____

Phone Number _____ Fax _____

E-mail Address _____

Name of Insurance Company _____

Complete Address _____

Telephone _____

Date of Policy Coverage - From _____ to _____

The Certificate of Insurance for general liability naming the Carver County Agricultural Society as an additional insured must be received by July 1 of the year in which you plan to exhibit. Failure to provide this certificate can negate your space with forfeiture of fees paid.

My Organization/Company is requesting the following:

- | | Frontage x Depth (in feet) |
|--|----------------------------|
| <input type="checkbox"/> INDOOR | _____ ' x _____ ' |
| <input type="checkbox"/> OUTDOOR | _____ ' x _____ ' |
| <input type="checkbox"/> FOOD CONCESSIONAIRE | _____ ' x _____ ' |

Use the back of this page or attach additional sheet(s) of paper to diagram you space needs and to detail your proposed exhibiting plans.

OUTDOOR or INDOOR SPACE

Describe in detail the product or products, company name, brand, etc. you wish to include in your commercial space. Include information about the display set-up if possible, i.e. what you plan to place in the booth area. Outdoor space requests must include dimensions needed. Outdoor requests MUST include the length of the TOTAL FRONTAGE and DEPTH you are seeking. If you are making sales at the fair you must complete MN State Dept. of Revenue Form ST-19.

FOOD CONCESSIONS

List all menu items and prices. Menu items are subject to approval. Draw a diagram of your concession truck/trailer locating electrical, water access, appliances, etc. Locate hitches, gas bottles, awnings, door openings, etc. Diagram accurately the distance of the TOTAL FRONTAGE and DEPTH you are requesting. At the Carver County Fair many of our concessionaires will be serving out of the rear of their truck/trailers. Please include a copy of a valid Minnesota Department of Health or Minnesota Department of Agriculture food concessionaire's license. You must complete MN State Dept. of Revenue Form ST-19.

REFERENCES

Please provide a detailed listing of references. Names, addresses and contact information for previous fairs and expositions will help us in getting to know you and your business/organization.

RETURN COMPLETED FORM TO REQUEST A CONTRACT:

Michael Jensen, Manager
Carver County Fair
P.O. Box 208
Waconia, MN 55387
952-442-2333
952-442-2996 (fax)
info@carvercountyfair.com
www.carvercountyfair.com