

"A Fair to Remember!" August 26-27-28, 2022

Please fill out this form completely (all fields should be filled in). Incomplete applications will not be accepted. Booth space is available on a first come, first paid basis (a space is considered paid for when the check clears both banks). No refunds will be given after July 1.

Your Name:		
Business Name:		
Wisconsin Seller's Permit Number:		
Address:	Phone:	
City:		_ Zip:
Email address:		
Product:		
Do you need access to power? *Please power and that space is limited.* (please		•
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Have you been a vendor at the Florence □ Yes □ No; If yes, list dates(years): _		
What to send with this Vendor Booth Re ☐ A picture of your trailer (if applicable ☐ Proof of Insurance Please supply a ☐ A signed Liability Waiver – please supply three re ☐ References Please supply three re ☐ name of the event/organization in wh ☐ previous vendor application)	ental Application: and if not provided with previo a copy of your proof of insurand upply with your payment eferences including: name, add	us vendor application) ce with payment. dress, phone number, the

The Florence County Agricultural Society (FCAS) produces a family fair and as such, *all product & information must be suitable for displaying to families with young children*. Out of fairness to our vendors, the fair board limits duplication of product. Final decision on the approval of any vendor application rests with Fair Board.

Outdoor space approximately 10' x 15' – If you will be exceeding this space, you will need to purchase a second vendor space. Electrical space is limited.

\$40.00 (non food vendors) for 3 days (includes two \$10 admission passes)

\$80.00 (food vendors*) for 3 days (includes two \$10 admission passes)

^{*} Food Vendors are those vendors who make and sell food for consumption at the fair. Food Vendors must contact the Florence County Health Department at 715-528-4837 as additional paperwork and permits are required.

Vendor supplies tables, canopy, power cords, etc.

Hours of Operation: Friday, 4 pm-8 pm; Saturday, 11 am-8 pm; Sunday, 11 am-4 pm*. You may open earlier or stay open later, but your vendor booth must be open during the listed hours of operation. *Please note that the Draft Horse Pull is scheduled to begin on Sunday at 2:00 p.m. This event may go later than 4:00 p.m. and you are encouraged to stay open while the event is still occurring.

Vendors are responsible for applicable Wisconsin State & County Sales Taxes.

Vendor Rental Application Cost(s) Full Payment is required with your application, and applications will be accepted on a first come, first paid basis.				
No. Needed	Type	Cost	Total	
	Non Food Vendors	\$40.00		
	Food Vendors	\$80.00		
	Electricity Fee for Vendor Space	\$10.00		
	Additional Admission passes (paid vendors only receive two admission)	\$10.00		
	Security Deposit (required for all vendors)	\$50.00	50.00	
	make checks payable	Total Amount Due to the "Florence County Fair"		

General Release and Acceptance of Rules:

I (We) have read all of the "Rules and Regulations" enclosed in the Vendor Manual for the Florence County Fair and agree to abide by said rules. In addition, I (We) the applicant(s) do expressly release the Florence County Agricultural Society and Florence County Fair Board of any and all liability for any damage, injury or loss to any person or goods which may arise from the rental and occupation of said space by the applicant, and agree to hold and save the Florence County Agricultural Society / Florence County Fair harmless of any loss or damage by reason thereof.

It is mutually agreed that all informat Regulations included in the Vendor Ne parties upon acceptance by the Flore understood that if this application is in notification.	Manual is a part of this contracence County Agricultural Socie	t and will be binding on both ty / Florence County Fair. It is	
Signature of Vendor/Applicant	Title	 Date	
Accepted by the FCAS	Title	 Date	
Send completed form, proo	f of insurance and references	along with full payment to:	

Florence County Fair; P.O. Box 704; Florence, WI 54121

Reference #1 Name: _____ Title:____ Organization: Phone Number: _____ E-mail Address: Address: ____ State: _____ Zip: _____ City: Reference #2 Name: Title: Organization: Phone Number: E-mail Address: _____ Address: ____ State: Zip: City: Reference #3 Title:_____ Organization: Phone Number: _____ E-mail Address: Address:

City:

State: _____ Zip: _____