SSAMS Established in 1903 CCS		"A Fair to Remember!"
Vendor Booth Rental Application Please fill out this form completely (all fields sh Booth space is available on a first come, first paid banks). No re		paid for when the check clears both
Your Name:		
Business Name:		
The State of WI requires we collect one of th Wisconsin Seller's Permit Number*		
* if no seller's permit number is availa	ble vendor SSN:	
Address:	Phone:	
City:	State:	Zip:
Email address:		
Product:		
Do you need access to power? *Please note power and that space is limited.* (please pro		0
Have you been a vendor at the Florence Co □ Yes □ No; If yes, list dates(years):	-	
What to send with this Vendor Booth Rental	Application:	

- □ A picture of your trailer (if applicable and if not provided with previous vendor application)
- □ Proof of Insurance -- Please supply a copy of your proof of insurance with payment.
- □ A signed Liability Waiver please supply with your payment

Florence County Fair

□ References -- Please supply three references including: name, address, phone number, the name of the event/organization in which you participated. (If applicable and if not provided with previous vendor application)

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.

No. Needed	Туре	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

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 information shown on this application, including the Rules and Regulations included in the Vendor Manual is a part of this contract and will be binding on both parties upon acceptance by the Florence County Agricultural Society / Florence County Fair. It is understood that if this application is not accepted all fees will be returned to the applicant with such notification.

Signature of Vendor/Applicant	Title	Date
Accepted by the FCAS	Title	Date

Send completed form, proof 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:		
City:		Zip:
Reference #2		
Name:	Title:	
Organization:		
Phone Number:		
E-mail Address:		
Address:		
City:	State:	Zip:
Reference #3		
Name:	Title:	
Organization:		
Phone Number:		
E-mail Address:		
Address:		
City:		Zip:

Please provide as much contact information as possible for each of your references.