



# Champlain Valley Fair Concessions Application

VT State Tax I.D. #: \_\_\_\_\_

Name of Firm (Please Print): \_\_\_\_\_

DBA: \_\_\_\_\_

Person Responsible For Contract: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address \_\_\_\_\_

List All Items or Services to be Sold, Exhibited or Displayed, (Only these items will be considered for inclusion in your contract): \_\_\_\_\_

### Type of Space Desired

Inside (Smallest Booth 10' x 10') Number of Booths \_\_\_\_\_

Outside: Frontage \_\_\_\_\_ (ft) Depth \_\_\_\_\_ (ft) Note: All tie-ons, overhangs, trailer hitches, etc., must be included

### We Anticipate (check all that apply):

Making Cash Sales

Order Taking Only

Order Taking w/ Deposit

Display of Products/Services Only

Other (Please specify): \_\_\_\_\_

Do you plan to present a demonstration:  Yes  No

Do you plan to use a microphone/amplifier:  Yes  No

List Three (3) Fairs or Shows in which you recently participated:

### Please include with this application:

Literature pertaining to your product or web site

Color photographs, sketches, plans or drawings of your proposed exhibit/concession structure, area, and/or display

Include all electrical requirements

*I understand that this is an application for exhibit/concessions space only and is not a space rental contract with the Champlain Valley Exposition. A \$1 million liability insurance policy, naming CVE as additional insured, is required upon issuance of contract. I certify that the information stated in this application form is complete and true, to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return To:

Champlain Valley Exposition

Attn: Shawn Quinn

P.O. Box 209

Essex Junction, VT 05453-0209

squinn@cvexpo.org

Questions? Call Shawn Quinn at (802) 878-5545 x27