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