



2010 CHAMPLAIN VALLEY FAIR CONCESSIONS APPLICATION

2010 FAIR DATES: AUGUST 28 - SEPTEMBER 6

Name of Firm (Please Print) _____ DBA _____

VT State Tax I.D. #: _____

Person Responsible For Contract _____

Permanent Mailing Address _____

City _____ State _____ ZIP _____

Phone: (Business) (____) _____ Fax (____) _____

Cell Phone: _____ 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 Spaced Desired: Inside _____ Outside _____

Inside Space Request: (Smallest Booth 10' x 10') Number of Booths _____

Outside Space Request: 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:

1. _____
2. _____
3. _____

Please include with this application:

1. Literature pertaining to your product OR Web site
2. Color photo, sketch, plan or drawing of your proposed exhibit/concession structure, area, and/or display
3. 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. Note: \$1 Million Liability Insurance, naming CVE as Additional Insured, 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

Or scan and send as an e-mail attachment to:

squinn@cvexpo.org

Questions? Call Shawn Quinn at (802) 878-5545 x.27