

New Vendor Application

Space Application for Sept 24-26, 2021

AK Marketplace Concessions & Commercial Exhibits

Official Business Name/DBA Name:				
*Name must match name on Certifica	te of Insurance			
Owner or Operator Name:				
Address:				_
City:		State:	ZIP:	
Preferred Phone #1:	Preferred Phone	#2		
Tax ID#	Fax#:			
E-Mail address:		ite:		
In the event of an emergency, please to contact them, during off-hours, or	•		our location at our Fair and	d where we might be able
RELATIONSHIP:	NAME:		PHONE #:	
Mark what type of space you are app CONCESSION space\$300 guara				0
Electrical hook-ups are in proximity to	the booths. No guarantee.			
Include Color Photo: All application Provide at least two references (Even participated.	ations must contain a color photo c t Name, Contact Name, City, State,			
#1.				
#2.				
Complete this form and mail, fax or e	mail with color photo by August 1 Aksarben Stock Show Vendor, PO Phone: 308-385-3925 Fax: 308-384- his application and will be included	, 2021 to : Box 130, Grand Is 1555 Email: jkuk I in printed forma	dis@statefair.org	All applicants are
required to be aware of and agree to	adhere to these Rules and Regula	tions.		
Signature of person making application	n:			

Please be prepared to allow 30 days for a response to your application.

Use the space on the back of this form for any comments or explanations you wish to make as part of this space application.