



2017 NEW COMMERCIAL VENDOR APPLICATION

Business Name _____

Business Owner's Name _____

Address (Street, City, State, Zip) _____

Phone Number _____

Email Address _____

Business/Product Description (include any aspects that make your business unique, years in business, other major events you have attended, etc.):

LOCATION REQUEST

Inside

Expo (10'x10' \$270 wall \$240 center)

of Booths Needed Wall _____ Center _____

Outside

* Trailer, hitch, awnings and swinging doors must all fit within the rented space. Please provide dimensions of your display

Expo Row (10'x10' \$150)

of Vendor Spaces _____

Barnyard Court (10' depth max \$25 per foot)

Frontage Feet Needed _____

Machinery Row (50'x20' space \$350)

of Vendor Spaces _____

MERCHANDISE / SERVICE REQUEST FORM

Complete this form listing all merchandise, services and demonstrations that will be associated with your booth.

Merchandise Items / Services / Demonstrations

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Please return completed form to:

**Central Wisconsin State Fair
513 East 17th Street
Marshfield, WI 54449**

office@centralwisconsinstatefair.com