



VENDOR/CONCESSIONAIRE APPLICATION

5600 McKinley Parkway, Hamburg, NY 14075

Phone (716) 649-3900 ext 6402, 6419 ★ fax (716) 646-5382 ★ Email Concessions@ecfair.org

APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS PROVIDED

Vendor # <input type="text"/>	_____	_____
	Name of Business, PLEASE PRINT	NYS Sales Tax ID
_____	_____	_____
Name & Title of Applicant (D.B.A.)		Phone #
_____		_____
Email Address		Cell #
_____		_____
Mailing Address (Street, City, State, Zip Code)		Fax #
_____		_____

Note: This is an application for space, *NOT A CONTRACT*. Deposits will *NOT* be accepted with application. *APPLICATION DOES NOT GUARANTEE SPACE.*

IMPORTANT: A photo of your display unit or stand *MUST* accompany this application! If not available, a brochure, catalog or detailed description *MUST* be enclosed.

TYPE OF EXHIBIT: (Check one)

- Promotional Exhibit - space used for the purpose of advertising, promoting or educating
- Exhibit Concession - space used for the purpose of selling merchandise or service
- Food Concession

Would you consider sponsoring an event? Yes No

The minimum space rental is 10'x10' area. If outdoors, include awnings, doors and hitches. No EZ-Ups.

Number of locations desired: Inside (10x10s) _____ Outside Area _____ including awnings, doors & hitches

If outside, do you have a: Trailer _____ Tent _____ Other _____ Size _____

Indicate the size of total space per location (attach additional sheet if necessary)

1. Front footage _____ ft. Depth _____ ft. 2. Front footage _____ ft. Depth _____ ft.

3. Front footage _____ ft. Depth _____ ft. 4. Front footage _____ ft. Depth _____ ft.

Electrical: Yes No Water: Yes No

Brief description of display: _____

Have you had space previously at Erie County Fair? Yes, List Years _____ No

Renewal applications are subject to approval based on Space Rental Evaluation Standards.

REFERENCES (NEW APPLICANTS ONLY): Please provide complete information from two fairs, hobby or trade shows or similar events at which you have sold or demonstrated/exhibited your product(s)/service(s).

Reference #1 - Name _____ Reference #2 - Name _____

Contact Name _____ Contact Name _____

Address _____ Address _____

Daytime Phone _____ Daytime Phone _____

PRODUCTS/SERVICES

The Erie County Fair requires that all products and services sold/displayed during the Fair be approved in advance by the Concessions Office. Any changes must be made in writing to the Concessions Manager.

Please list all specific products or menu items by location to be sold, promoted, displayed or given away to be approved for the Fair. *(You may attach photos if necessary.)*

Item	Location	Item	Location

INSURANCE & WORKERS COMPENSATION REQUIREMENTS

Each exhibitor must provide Erie County Fair with proof of general liability insurance of no less than \$1,000,000. Circulars, simulators and thrill rides are no less than \$2,000,000. Product liability of no less than \$1,000,000 is required. Please check the form of insurance you will provide during the Fair.

Completing this form does not constitute proof of insurance. Proof of insurance will be required once a contract has been issued.

Each exhibitor who hires employees must also provide a copy of NYS Worker’s Compensation Insurance.

- My own insurance carrier _____.
- Purchase through Walsh Duffield Co. Inc.

CERTIFICATION OF APPLICANT

I understand that this form is an application for space only, and is neither a commitment by the applicant, nor an offer by the Erie County Agricultural Society to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

Signature _____

Title _____

Printed Name _____

Date _____