



2023 WILLIAMSON COUNTY FAIR VENDOR APPLICATION

Franklin, Tennessee www.WilliamsonCountyFair.org

AUGUST 4th - AUGUST 12th

Applicants Name: _____ Title: _____

Company Name: _____
(as it should be shown on the WCF website)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Web-site Address: _____
(needed for hyperlink on WCF website)

OUTSIDE BOOTH RATE
 \$1,200 per 15' x 10' space
 Number of spaces needed: _____

\$1,000 per 10' x 10' space
 Number of spaces needed: _____

HOURS
 Mon-Thurs 6 pm – 11 pm
 Friday 6 pm – Midnight
 Saturday 10 am – Midnight
 Sunday Noon - Midnight

INSIDE BOOTH RATE
 \$750 per 10' x 10' space (must be non-cooking)
 Number of spaces needed: _____

HOURS
 Mon-Fri 6 pm – 10 pm
 Saturday 10 am – 10 pm
 Sunday Noon – 10 pm

Total Due: _____

TABLE/CHAIRS (Inside only)

Do you need a 6' table & cloth?
 Yes No

Do you need (2) chairs?
 Yes No

(A minimum of 75% is due to reserve a booth spot. The full 100% is required by July 15, 2023. Fees received after July 15th MUST BE Cash or Money Order. No invoicing will be available, and credit cards will NOT be accepted after this date.)

- Enclosed is my check for 75% of the total due. (If final payment is not received by 7/15, your spot may be forfeited and given to another company on our wait list.)
- Enclosed is my check for the total amount due.
- Please invoice me for the total amount due for online payment via credit card. (A 2.5% processing fee will be charged for this service.)
- Note: Invoicing is only available for payment in full.**
- Yes, I would like to be included on the Fair's Insurance policy at a cost of \$200.00. (Will include a 2.5% processing fee if invoiced.)

CHECKS and MONEY ORDERS PAYABLE TO: Williamson County Fair Association, Inc.

****PLEASE NOTE: A 75% deposit is required with ALL applications. This is an application for space. THIS APPLICATION DOES NOT GUARANTEE SPACE. You will be contacted by the Vendor Manager to confirm. If space is not assigned, the deposit will be returned. If confirmed, a Vendor Information Kit with additional pertinent information will be sent to you in June.**

This space for use by WCF Management only

Date Application Received _____ Booth Space # Assigned _____

- 75% Deposit _____ Date _____ Check # _____ Final Payment _____ Date _____ Check # _____
- Payment in Full _____ Date _____ Check # _____
- Date Invoiced (where applicable) _____ Date Payment Received _____

Notes: _____

List ALL products and/or services that will be sold/displayed, including pricing of ALL items, or attach a brochure showing same. NO menu changes may be made without prior approval of Vendor Manager. YOU MAY BE ASKED TO REMOVE CERTAIN ITEMS IN ORDER TO KEEP MENUS VARIED.

PRODUCT	PRICE	PRODUCT	PRICE

Please Note: You will be processed on the basis of this application. Once confirmation of acceptance is issued, you may not substitute or add items without approval. Violations may result in cancellation of contracts and forfeiture of monies paid. The Williamson County Fair reserves the right to offer space based on product, space availability, size of space required, maintaining a balanced program of products throughout the fairgrounds, and attractiveness of the exhibit.

MUST BE COMPLETED

Do you need electricity? Yes No ***(1) Standard 20 amp, 110V duplex NON-DEDICATED outlet provided.**
 If yes, please indicate appropriate Amp & Volt required:

Single Phase: 110 Volt 220 Volt

20 Amp 30 Amp 50 Amp 100 Amp Other _____ Amp
 (you **must** provide a Cam Lock for anything over 50 amps)

IMPORTANT: All vendors are required to supply all of their own electrical material (power cords, power strips, etc.) to the electrical source. Wire needs to be Rubber Cord ONLY – NO ROMEX ALLOWED.

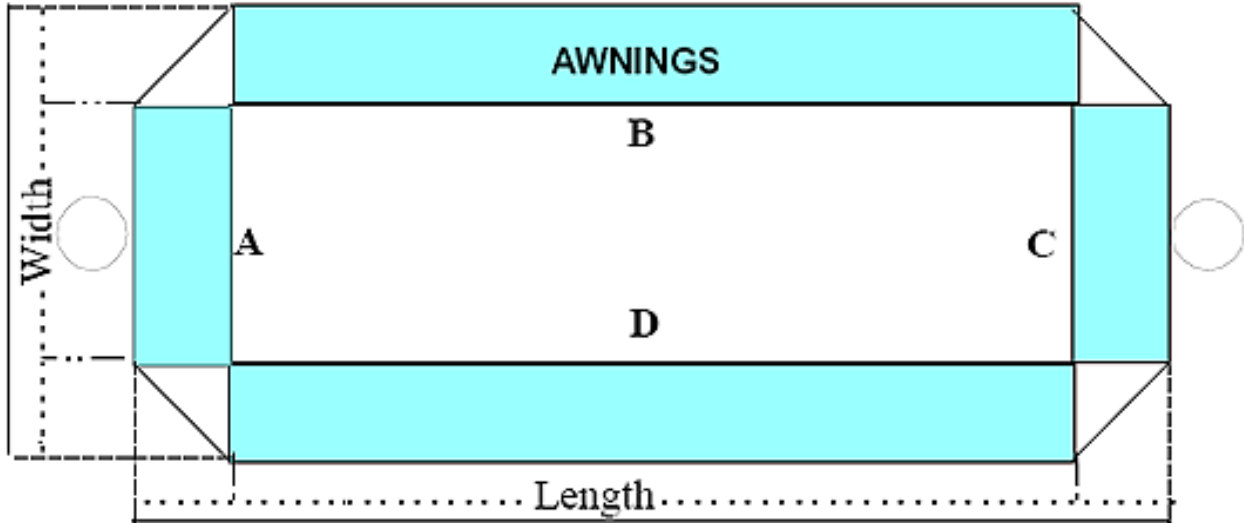
- All 120-volt electrical wires shall be a minimum of 3 wire, 12 gauge in size and 100 feet in length.
- All 220-volt electrical wires shall be a minimum of 100 feet in length and of the proper size for the amperage required.

Do you need water? Yes No If yes, you must provide 50 ft. food-grade hose and backflow preventer

Do you use L.P. Gas? Yes No # of Tanks _____ Tank Size _____ gallons
 (you **must** provide this information per the Franklin Fire Department)

ALL OUTDOOR CONCESSIONAIRES MUST COMPLETE THIS SECTION. In order to better accommodate your needs, please clearly indicate below what your booth/trailer/exhibit looks like, including all pertinent measurements. This is very important for proper placement at the fair. **You MUST include all width, height, and length needs including ALL tongues, doors, awnings, etc.**

All spots are 15' long x 10' deep and run end to end with **NO** space between. If you need longer than 15', you must rent two spaces.



Based on this diagram, complete this information. BE DETAILED!

- 1) Trailer/Tent size **NOT** including awnings = length _____ x width _____
- 2) Trailer/Tent size **INCLUDING** awnings, tongue and any space needed to open any door at end of trailer = length _____ x width _____
- 3) Indicate exact location of LP tank on this drawing (where applicable) by marking "LP"
- 4) Front Side of Trailer/Tent: A B
- 5) Service Side(s): A B C D
- 6) Trailer Tongue Location: A C
- 7) Is Tongue Removable? Yes No

Please provide any additional information that you feel is important to this application:

IMPORTANT: Please attach recent photographs of your booth/trailer. Appearances, signs, and overall presentation will be juried this year.

Failure to represent the Williamson County Fair in the best way possible may result in your company not being invited back.

INSURANCE REQUIREMENTS

Insurance is required for ALL vendors/exhibitors in the amounts listed below.

A CERTIFICATE OF INSURANCE MUST BE SENT IN AT TIME OF APPLICATION TO AVOID DELAYS IN APPROVAL AND SET-UP. Certificate should show EXACT WORDING as follows:

ADDITIONAL INSURED:

(Clearly listed as both)

Williamson County, TN
1320 West Main Street
Franklin, TN 37064

And

The Williamson County Fair Association, Inc.
306 Public Square
Franklin, TN 37064

The minimums are:

Each occurrence \$1 million
Personal Injury \$1 million
Total aggregate \$2 million

Refer to Page 5 for an example of a correct Certificate of Insurance

IF ACCEPTED, APPLICANT AGREES THAT THEY HAVE READ, UNDERSTAND AND AGREE TO THE "RULES AND REGULATIONS" OF THE WILLIAMSON COUNTY FAIR, WHICH ARE LOCATED AT WWW.WILLIAMSONCOUNTYFAIR.ORG AND INCORPORATED HEREIN BY REFERENCE. APPLICANT AGREES THAT ALL INFORMATION SUBMITTED HEREIN IS TRUE AND CONSISTENT WITH THE WILLIAMSON COUNTY FAIR'S RULES AND REGULATIONS. ANY FALSIFYING OF INFORMATION ON THIS DOCUMENT MAY DISQUALIFY THE APPLICANT FROM FURTHER PARTICIPATION IN THE WILLIAMSON COUNTY FAIR. APPLICANT ACKNOWLEDGES THAT THEIR COMPANY NAME WILL BE PLACED ON THE WILLIAMSON COUNTY FAIR WEBSITE FOR MARKETING PURPOSES.

Applicant's Signature: _____ **Date:** _____

APPLICATION MUST BE SIGNED

Please complete in full and return to:

Williamson County Fair/Vendors
P.O. Box 329
Franklin, TN 37065

Questions please contact:

CHERYL BURNSIDE
Phone: 615-584-7411
E-mail: sponsors_vendors@williamsoncountyfair.org

CHECKLIST: DID YOU.....

- complete the entire application including signature? Dated?
- review all "Rules and Regulations"?
- list all menu items or products to be sold with pricing, or attach a brochure showing same?
- contact your insurance agent, and attach your current (2023) certificate of insurance with Williamson County, TN and The Williamson County Fair Association, Inc. listed as Additional Insureds? (THIS IS REQUIRED BEFORE SET-UP CAN BEGIN)**
- clearly complete electricity, if needed?
- include 75% deposit, and make a note to pay the balance due by 7/15/23, or request invoice (no later than 7/15/23)?



"EXAMPLE"

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT OTHER: <div style="text-align: center; color: yellow; font-weight: bold; font-size: 2em;">X</div>						EACH OCCURRENCE	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured/ Holders shall include:	Williamson County, TN 1320 West Main Street Franklin, TN 37064	The Williamson County Fair Association, Inc. 306 Public Square Franklin, TN 37064
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CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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EXAMPLE FORM - Shows exact wording required for Additional Insured/Certificate Holders