

**APPLICATION
FOR CONCESSION LOCATION
2024 YORK STATE FAIR
JULY 19 – 28, 2024**

DATE OF APPLICATION: _____ PRODUCT/SERVICE: _____

COMPANY NAME: _____

STREET ADDRESS/PO BOX #: _____ Email: _____

CITY

STATE

ZIP CODE

CONTACT: _____ SIGNATURE: _____

PHONE NO.: _____ FAX NO.: _____
(AREA CODE) (AREA CODE)

CELL PHONE NO.: _____ PA SALES TAX NO.: _____

SPACE REQUIRED AND USAGE: INDOOR OUTDOOR ELECTRIC _____ VOLTS _____ AMPS
FRONT FOOTAGE _____ DEPTH _____

DESCRIBE IN DETAIL PRODUCT / SERVICE:

DIRECT SELLING: YES NO

DESCRIPTION OF DISPLAY: _____

HAVE YOU PREVIOUSLY PARTICIPATED IN THE YORK STATE FAIR: YES NO

LIST OF FAIRS OR EXHIBITIONS IN WHICH YOU HAVE PARTICIPATED: _____

FOR OFFICE USE ONLY

Product: Food Mdse. Display
Location, Space # _____
Road/Area/Bldg: _____
Footage/Space Size: _____
Footage Rental Amt. \$ _____
Electric Hook-up \$ _____
Trailer Deposit \$ _____
Insurance \$ _____
Total Contract Amt. \$ _____

Initial Deposit Collected \$ _____
Remaining Bal. Due \$ _____

- * **PLEASE INCLUDE PHOTO OF YOUR DISPLAY.**
- * **IF YOU HAVE A TRAILER, HITCH MUST BE INCLUDED IN FRONTAGE.**
- * **UTILITY HOOK-UPS AND USAGES ARE ADDITIONAL CHARGES, NATIONAL ELECTRICAL CODE COMPLIANCE.**
- * **PUBLIC LIABILITY & PROPERTY DAMAGE INSURANCE WITH LIMITS OF \$1,000,000 PER OCCURRENCE FOR BODILY INJURY, PROPERTY DAMAGE AND PRODUCTS COVERAGE IS REQUIRED AND MUST BE INCLUDED. THE YORK CO. AG. SOC. MUST BE NAMED ON THE INSURANCE CERTIFICATE AS ADD'L INSURED.**
- * **COMPLETING THIS APPLICATION DOES NOT GUARANTEE YOU A LOCATION AT THE YORK STATE FAIR.**

MAIL TO: CONCESSIONS COORDINATOR
YORK STATE FAIR
334 CARLISLE AVE.
YORK, PA 17404-3204

Received By

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