

**APPLICATION FOR CONCESSION LOCATION
2025 YORK STATE FAIR
JULY 18 – 27, 2025**

DATE OF APPLICATION: _____ PRODUCT/SERVICE: _____

COMPANY NAME: _____

STAND NAME (IF DIFFERENT FROM COMPANY NAME): _____

STREET ADDRESS/PO BOX #: _____ Email: _____

CITY

STATE

ZIP CODE

CONTACT NAME: _____ 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

IF SELLING FOOD, DO YOU OFFER GLUTEN FREE, VEGETARIAN OR VEGAN OPTIONS?

NO GLUTEN FREE VEGETARIAN VEGAN

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 COUNTY AGRICULTURAL SOCIETY 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