



MARICOPA COUNTY FAIR

April 8-12, 2015

1826 W. McDowell Road, Phoenix, AZ 85007
(602) 252-0717 - FAX (602) 252-4279

COMMERCIAL VENDOR SPACE APPLICATION

OFFICE USE ONLY

Rec'd: _____
MO#: _____
C CK#: _____
Cash: _____
Date: _____

COMPANY NAME: _____ **CONTACT:** _____
PHONE: _____ **FAX:** _____
ADDRESS: _____ **EMAIL:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____

NOTE: Entire product/price list must be listed on back of this application. No application will be accepted unless a complete list is included.

Booth Info	INSIDE	10'x10'Corner	@ \$450 each	\$ _____
		10'x10' In-line	@ \$350 each	\$ _____
		Continuous spaces, in line	@ \$250 each	\$ _____
	OUTSIDE	10'x10'	@ \$550 each	\$ _____
	If larger than 10'x10' Call for price			
Parking	ADDITIONAL AUTO PARKING: 2 provided free with space rent			
	On-Site Parking Permit(s) _____		@ \$ 10 each	\$ _____
Tickets	Grandstand Parking Permit(s) _____		@ \$ 50 each	\$ _____
	Please indicate if your vehicle is a dually.			
RV	ADDITIONAL CREDENTIALS: 2 provided free with space rent			
	Daily _____		@ \$ 5 each	\$ _____
Stock Truck	Seasonal _____		@ \$ 15 each	\$ _____
	RV PARKING SPACE: 1 grandstand parking permit included per RV space			
Golf Cart	RV Space _____		@ \$200 each	\$ _____
	RV Size Required: Length _____ Width _____ (include extensions/slideouts) Please indicate if your vehicle is a dually.			
Insurance	STOCK TRUCK PARKING:			
	Space no power _____		@ \$ 75 each	\$ _____
Balance	Space with power _____		@ \$125 each	\$ _____
	Truck size Required: Length _____ Width _____ Electric requirements: Volts _____ Amps _____			
Insurance	GOLF CART PERMIT: Certificate of Insurance required			
	Cart Permit _____		@ \$50 each	\$ _____
INSURANCE:		Certificate of Group Insurance \$120 \$ _____		
		TOTAL DUE \$ _____		
		LESS DEPOSIT (minimum \$100) \$ _____		
		BALANCE DUE BY MARCH 2, 2015: \$ _____		
*Applications will not be considered unless filled out completely and accompanied by a deposit and current photo of booth. All fees must be paid by cashier's check, money order or cash. Acceptance of application does not guarantee space. No refunds unless not accepted. All deposits will be deposited and refunded if you are not accepted as a vendor.				

FORMER EXHIBITOR? ☐ Yes ☐ No If previous exhibitor, when? _____

If you have not exhibited at the Maricopa County Fair in the past two years, please list references from other fairs or exhibitions you have worked. Include name of event, date, contact name and telephone (use additional paper if needed):

All contracted concessionaires are required to provide product and general liability certificates of insurance for \$1 million prior to setup. Workman's Compensation insurance is required for those not self-owned and operated.

Over **APPLICANT'S SIGNATURE:** _____ **Date** _____

Every Item you would like to sell, demonstrate or promote must be listed and must include the price.

NOTE: All products for which you apply may not be approved. Only the products listed on your contract, if you receive one, are authorized to be sold. Any changes or additions must be approved in writing by the Fair Management.

[illegible]