

**SONOMA-MARIN FAIR
4TH DISTRICT AGRICULTURAL ASSOCIATION
175 FAIRGROUNDS DRIVE
PETALUMA, CA 94952
PHONE: (707) 283-3247 / FAX: (707) 283-3250
info@sonoma-marinfair.org**

*****2018 FAIR DATES: JUNE 20, 21, 22, 23 and 24*****

NEW - COMMERCIAL EXHIBITORS' APPLICATION

Name of Business: _____

This application must be filled out completely and returned to the Sonoma-Marin Fair **along with the completed credit card authorization form or check for the \$200.00 non-refundable deposit**, which will be applied toward your space fee if you are accepted. Failure to return a fully completed application with all requirements satisfied will result in the application to not be evaluated, and no space shall be awarded. **Your credit card will NOT be charged or your check cashed if you are denied.** (If your bank does not honor your check, a \$25.00 fee per check will be charged.)

PLEASE LIST EVENTS YOU PARTICIPATED IN 2017 (FAIRS, FESTIVALS, ETC.). INCLUDE DATES AND CONTACT INFO:

FAIR OR FESTIVAL	DATES	PHONE#

List all items to be sold (include prices and percentage of product mix- the sum of all the percentages will equal 100%) and/or displayed at your booth or stand. Please attach another page if necessary. Please include any other names your product may be referred to as.

Be specific; you will only be allowed to sell items clearly defined in this document and approved by Fair Management. Approved products will be clearly defined in Exhibit "C" of the awarded contract

*****Fair Management does not award exclusivity of any item(s)*****

ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE

**EXHIBIT SPACE DESIRED: PLEASE INDICATE YOUR CHOICES IN ORDER OF DESIRE (i.e. 1st, 2nd, 3rd, etc.)
SEE THE ENCLOSED MAPS FOR INSIDE BOOTH NUMBERS & OUTSIDE LOCATIONS**

(Actual location within the specified area is dependent upon products sold & approval of Fair Management)

(INSIDE)	(OUTSIDE) Number area by priority level (i.e. 1st, 2nd, 3rd, etc.)
<p>_____ 10'x10' Corner = \$570 booth(s)</p> <p>1st # _____ 2nd # _____ 3rd # _____</p> <p>_____ 10'x10' Inline = \$460 booth(s)</p> <p>1st # _____ 2nd # _____ 3rd # _____</p>	<p>_____ 10'x10' = \$500 near main gate (Chicken Lawn area-grass)</p> <p>_____ 10'x10' = \$500 Poles on Gross Concourse (Poles in the middle on asphalt w/3 open sides)</p> <p>_____ 10'x10' = \$500 in front of Main Exhibit Hall (area-mostly grass) \$750 #19 20x10 (South end of Main Exhibit Hall)</p>

If you have any questions, please contact Rich Gravelle (707) 283-3256

*******MUST INCLUDE PHOTOGRAPHS OF YOUR BOOTH*******

**Applications WILL NOT be considered without a photo.
Also include any letters of recommendation you may have.**

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DO YOU INTEND TO:

1. USE A PUBLIC ADDRESS SYSTEM OR SOUND AMPLIFIER? _____
2. GIVE AWAY PRODUCT OR FOOD SAMPLES? IF SO, WHAT? _____
3. CONDUCT A DRAWING? IF SO, WHAT WILL BE GIVEN AWAY? _____
4. DO YOU NEED ELECTRICITY? IF SO, HOW MUCH AND FOR WHAT PURPOSE? (Note: Excessive use of electricity and/or use that require the services of an electrician will result in additional fee assessment.) _____
5. DO YOU SELL PRODUCTS? IF YES, PROVIDE STATE RESALE # _____

YOUR INFO, PLEASE PRINT (INFORMATION MUST AGREE WITH INSURANCE CERTIFICATE):

NAME OF BUSINESS: _____

PERSON TO CONTACT: _____ CONTRACT SIGNER: _____

PHONE: _____ CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

ADDRESS (Street / PO Box): _____

CITY : _____ STATE _____ ZIP _____

INSURANCE: Exhibitors are required to carry at least \$1,000,000 liability insurance policy, depending upon the usage of the space, & naming the fair as additional insured and certificate holder. Most exhibitors can purchase insurance through the fair for approximately \$100.

Applicant must fulfill one of the following three insurance requirements.

- Purchase Fair's Insurance (Cost is \$100) (Circle One) Yes / No
- CFSA Master List (Circle One) Yes / No

If Yes, Provide CFSA# _____ & Expiration Date _____

- Provide copy of Certificate of Insurance and list below Insurance Carrier Name, Phone # & Expiration Date (A Certificate of Insurance listing Fair Association required after accepted):

PLEASE NOTE: *This application is not a contract, nor a guarantee of receiving one.*

SIGNATURE _____ DATE _____