

**SACRAMENTO COUNTY FAIR: May 27-31, 2010**  
**Commercial Exhibits Space Application**

**SPACE IS PROVIDED ON A FIRST COME FIRST SERVE BASIS**

**CHECK ONE:**  New Applicant     Returning Concessionaire

**CHECK REQUIREMENTS (MUST INCLUDE PHOTO OF EXHIBIT)**

Indoor    Space Size:  10X10     20X10     In-line     Corner

**FEE STRUCTURE:** Inside Space: Inline: 10X10 \$400.00    Corner: 10X10 \$500.00  
Outside Space: 10X10 \$500.00    Not for Profit \$375.00 (inside or outside no corners)

**Outside** Space Size:  10 X 10     20 X 10     Other: \_\_\_\_\_X\_\_\_\_\_

**Check all that apply:**

- Use Microphone     Promotional Give-A-Ways     Direct Sales  
 Lead Generation     Conduct Prize Drawings

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
On-Site Contact \_\_\_\_\_ On-Site Contact Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_  
Cellular Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_  
Other Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Web Site \_\_\_\_\_

**Federal Taxpayer's ID #** \_\_\_\_\_ **CA Seller's Permit #** \_\_\_\_\_

**Located on your federal tax return**

**Attach copy to application**

How long in business? \_\_\_\_\_

Is your business:  Sole Proprietor     Partnership     Corporation     Other \_\_\_\_\_

**UTILITY REQUIREMENTS**

A standard 110v/500w electrical outlet is provided per contracted space. Additional electrical may be available for an additional fee.

Do you require additional power?  YES     NO

Do you need running water?     YES     NO (not all spaces have access)

**INSURANCE REQUIREMENTS**

Proof of insurance is required with each contract. Each exhibitor must provide proof of general liability insurance of at least \$1,000,000. A certificate with the required endorsements (see attached) **must be on file prior to setting up your space.** Please check the form of insurance that covers you during the fair.

My own carrier    Carrier (name and phone) \_\_\_\_\_

WFA Master List    CFSA# \_\_\_\_\_ Policy Expires \_\_\_\_\_

Purchase through California Fair Services Authority (CFSA) Cost is \$110.00 (subject to change).

