



# MARICOPA COUNTY FAIR

**April 10<sup>th</sup>-14<sup>th</sup>, 2019**  
 1826 W. McDowell Road, Phoenix, AZ 85007  
 (602) 252-0717 - FAX (602) 252-4279

## NON-PROFIT VENDOR SPACE APPLICATION

PROOF OF NON-PROFIT STATUS REQUIRED

<b>OFFICE USE ONLY</b>	
Cash / Check / M.O.	
Amount pd:	_____
Check#	_____
Receipt#	_____
Date:	_____

**COMPANY NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**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.**

<b>Booth Info</b>	<b>INSIDE</b>	10'x10'Corner	@ \$150 each	\$ _____
		10'x10' In-line	@ \$ 50 each	\$ _____
		Continuous spaces, in line	@ \$ 50 each	\$ _____
	<b>OUTSIDE</b>	10'x10'	@ \$350 each	\$ _____
		If larger than 10'x10' Call for price		
<b>Parking</b>	<b>ADDITIONAL AUTO PARKING: 1 provided free with space rent</b>			
		On-Site Parking Permit(s)	_____ @ \$ 10 each	\$ _____
		Grandstand Parking Permit(s)	_____ @ \$ 50 each	\$ _____
	Please indicate if your vehicle is a dually.			
<b>Tickets</b>	<b>ADDITIONAL CREDENTIALS: 2 provided free with space rent</b>			
		Daily	_____ @ \$ 5 each	\$ _____
		Seasonal	_____ @ \$ 15 each	\$ _____
	<b>Note: ALL PARTICIPANTS MUST HAVE A CREDENTIAL OR DAY PASS</b>			
<b>RV</b>	<b>RV PARKING SPACE: 1 grandstand parking permit included per RV space</b>			
		RV Space	_____ @ \$200 each	\$ _____
	RV Size Required: Length _____ Width _____ (include extensions/slideouts) Please indicate if your vehicle is a dually.			
<b>Stock Truck</b>	<b>STOCK TRUCK PARKING: NO CAMPING ALLOWED IN STOCK TRUCK SPACES</b>			
		Space no power	_____ @ \$ 75 each	\$ _____
		Space with power	_____ @ \$125 each	\$ _____
	Truck size Required: Length _____ Width _____ Electric requirements: Volts _____ Amps _____			
<b>Golf Cart</b>	<b>GOLF CART PERMIT: Certificate of Insurance required</b>			
		Cart Permit	_____ @ \$50 each	\$ _____
	<b>INSURANCE:</b>	Certificate of Group Insurance	\$120	\$ _____
		TOTAL DUE		\$ _____
		LESS DEPOSIT (minimum \$50)		\$ _____
		<b>BALANCE DUE BY MARCH 8, 2019:</b>		\$ _____

**\*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** \_\_\_\_\_

