



MARICOPA COUNTY FAIR

April 8-12, 2015

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

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

