



# MARICOPA COUNTY FAIR

**April 11<sup>th</sup>-15<sup>th</sup>, 2018**

1826 W. McDowell Road, Phoenix, AZ 85007  
 (602) 252-0717 - FAX (602) 252-4279  
 Email vendors@fairexecutives.com

## 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.**

<b>Booth Info</b>	<b>INSIDE</b>	10'x10' Corner	@ \$450 each	\$ _____
		10'x10' In-line	@ \$350 each	\$ _____
		Continuous spaces, in line	@ \$250 each	\$ _____
	You must purchase a corner or inline space to receive this discount			
	<b>OUTSIDE</b>	10'x10'	@ \$550 each	\$ _____
	If larger than 10'x10' Call for price			
<b>Parking</b>	<b>ADDITIONAL AUTO PARKING: 2 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>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/slide outs)			
Please indicate if your vehicle is a dually.				
<b>Stock Truck</b>	<b>STOCK TRUCK PARKING:</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 \$100)				\$ _____
<b>BALANCE DUE BY MARCH 9, 2018:</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** \_\_\_\_\_

