

MERCED COUNTY FAIR, JUNE 10 – 14, 2020

COMMERCIAL SPACE APPLICATION

This application is NOT a contract and does NOT guarantee space for the Fair. All information must be completed and returned with your check for space, before a contract can be prepared and mailed.

All Commercial Exhibitors must provide liability insurance, or can purchase through the Fair Office for \$105.00

We look forward to your participation in the Merced County Fair

Please Print Clearly

Company or Organization: _____

Authorized Rep _____ Returning vendor? Yes ___ No ___ WFA Member? Yes ___ No ___

CA State Board of Equalization Seller's Permit No: (Must be posted at your booth) _____

Name of on-site representative _____

(Make sure representative attending the fair is familiar with attached general conditions for commercial exhibitors)

Phone: () _____ cell () _____ fax () _____

Mailing Address: _____ City: _____ State _____ Zip _____

Email : _____ Website _____

Type of Products or Service: List all products sold at booth. Include a picture of your booth setup, brochures and brand names. Any food or drink sold or samples given, requires a health permit through Merced County. Call Fair Office for more information.

Electricity: one 110 volt, 5 amp, 600 watt outlet is provided with the space. Additional power requirement fees will be determined by need and availability. Electric requirements _____

Indoor Commercial Space Rates

10 ft x 10 ft in-line space \$500. 10 ft x 10 ft corner space inside \$550.

Above prices include selling fees. "Information Only" spaces are restricted to in-line space only at a rate of \$450.00

See map on reverse side for booth/space location. 1st choice _____ 2nd choice _____ 3rd choice _____ Fair will try to honor requests if possible.

Outdoor Commercial Space Rates

10 ft x 10 ft \$650.00 Includes selling fees. Limited 10x10 outdoor space available.

Form of Payment: Indicate total payment and forward check or credit card information to Merced County Fair with application.

Total amount enclosed \$ _____ Check No. _____ Visa/MasterCard No. _____

Name on card: _____ Expiration Date _____

(credit card number/expiration date/billing address are needed to complete charge payments)

The above named business/organization agrees the information provided is correct and complete.

Signature: _____

Date: _____

PLEASE SEND APPLICATION & PAYMENT TO:

**MERCED COUNTY FAIR
900 MARTIN LUTHER KING, JR. WAY
MERCED, CA 95341**

Call or email Cheryl Correia, Commercial/Concessions Manager with any questions; (209)722-1507 or ccorreia@co.merced.ca.us