

STATE OF MISSOURI DEPARTMENT OF AGRICULTURE 2024 VENDOR/CONCESSIONS SPACE APPLICATION MISSOURI STATE FAIR AUGUST 8-18, 2024

| NOTE: This is an application for space and <u>DOES NOT GUARAN</u> application. Only applicants chosen or invited to partic | | |
|--|-------------------------------------|---|
| PLEASE TYPE OR PRINT CLEARLY IN INK. | | |
| COMPANY NAME | CONTACT PERSON | |
| ON-SITE CONTACT NAME, PHONE NUMBER, AND EMAIL | | BUSINESS PHONE |
| ADDRESS | | CELL PHONE |
| CITY/STATE/ZIP | | FAX |
| EMAIL | WEB SITE | |
| HAVE YOU EVER PARTICIPATED IN THE MISSOURI STATE FAIR? | | |
| PLEASE CHECK ONE | | |
| Indoor Booth (\$600 - \$990 per booth) | | |
| Outdoor booth (\$67.50 - \$92.50 per front foot, 10' minimum) | | |
| Outdoor Booth size requested (10'x10', 10'x20', 10 |)'x30', 15'x20', etc.) Must include | awnings, doors, tent stakes & hitches.) |
| Agriculture related \$320; Non-Agriculture related | ted \$580 per lot) | |
| TYPE OF EXHIBIT (Check One) | | |
| \square Non-Sales Exhibit: Space used for the purpose of advertisement, p | promotions or education. | |
| \Box Commercial Exhibit: Space used for the purpose of selling mercha | ndise or services. (Including cu | rrent tax rate) |
| $\hfill\square$ Concessions Exhibit: Space used to sell food and/or beverages. (I | ncluding current tax rate) | |
| Portable Unit Permanent Structure | | |
| UTILITY REQUIREMENTS (Please indicate all electrical needs. Rate | s apply to outdoor booth) | |
| □ 110v 30 amp - \$88.90 (\$81.77 + \$7.13 tax) | □ 220v 30 amp - \$104.48 (\$9 | 6.10 + \$8.38 tax) |
| 220v 50 amp - \$142.66 (\$131.21 + \$11.45 tax) | 220v 70 amp - \$219.50 (\$2 | 01.89 + \$17.61 tax) |
| 220v 100 amp - \$296.36 (\$272.58 + \$23.78 tax) | □ 220v 150 amp - \$403.86 (\$ | 371.45 + \$32.41 tax) |
| 220v 200 amp - \$511.36 (\$470.32 + \$41.04 tax) | Other | |
| DO YOU PLAN TO HOLD A CONTEST OR REGISTRATION, AWARD A PRIZE OR HAVE A GIVEAWA | AY? | |
| | | |
| If yes, please explain: | | |
| DO YOU PLAN TO USE A MICROPHONE? | | |

MO 350-1516 (12-2023)

| NOTICE: Only standard, | non-Mylar heli | um balloons a | are a | allowed | to be | distributed | from | outdoor | sites. | No | helium-filled | balloons | are | to be |
|-----------------------------|-----------------|-----------------|--------|------------|-------|-------------|------|---------|--------|----|---------------|----------|-----|-------|
| distributed in any building | J. (Read Genera | al Rules for ot | her re | restrictio | ns.) | | | | | | | | | |

| | Read General Rules for other restrictions.) | es. No heidin-mied balloons are to be |
|--|--|--|
| PRODUCTS | | |
| To be sold, promoted, displ | ayed or given away. Be specific; include prices. If you need more sp oto of the booth or display with this application. | ace, please attach a list. All first-time |
| BEFEBENCES (Other fairs of | or festivals at which you have participated) | |
| EVENT #1 | | |
| | | |
| | | |
| CONTACT PERSON | | PHONE |
| | | |
| | | |
| EVENT #2 | | |
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| CONTACT PERSON | | PHONE |
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| | | |
| EVENT #3 | | |
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| | | T = |
| CONTACT PERSON | | PHONE |
| | | |
| | | |
| INSURANCE REQUIREMEN | ITS | |
| \$2,000,000 aggregate). The during the Fair. Completing | the Missouri State Fair with proof of general liability insurance of no Missouri State Fair must be named as additional insured. Please check I this form does not constitute proof of insurance. Proof of insur d. If you have employees, you must provide proof of Workers' Compens | the form of insurance you will provide rance will be required once a rental |
| | CARRIER NAME | |
| ☐ My own carrier | | |
| | | |
| POLICY EXPIRES | NAME POLICY IS UNDER | |

I will purchase insurance through Haas & Wilkerson Insurance company (\$85 or current rate, paid directly to H&W Ins, if accepted)

| | LEDGMENT OF UNDERSTANDINGS | | | | |
|------------|---|--------------------------------------|-----------------------------------|--|--|
| Please rea | ad the following statements carefully and initial in agreeme | ent. | | | |
| | I am prepared to meet the insurance and worker's comp | pensation requirements, if accepted | I. | | |
| | I understand that applications without a menu, photo, be | both schematic, or incomplete appli | cations will not be considered. | | |
| | I understand that this application does not guarantee spa I understand this application is neither a commitment by understand that payment should NOT be sent with the a | y the applicant, nor an offer by the | - | | |
| | I understand only applicants chosen to participate at confirmation that application was received, I need to su Service or equivalent. | | | | |
| | I understand the Missouri State Fair reserves the right to accept or reject any applicant based on incompleteness of application materials, space availability, the uniqueness and quality of products sold, event experience, services offered, the appearance of the booth/stand, and/or references from other fairs or shows at which the applicant has been a vendor. | | | | |
| | I understand that utilities for outdoor booths, admissior rental fees and that additional fees may apply. | n, reserved parking, and purveyor I | ots are NOT included in the space | | |
| | I have read and understand the Vendor/Concessionaire will be incorporated into each contractual agreement ar Missouri State Fair. | | | | |
| | I understand that if accepted as a Vendor/Concessionai during the required operating hours for the full 11-day fa | | - | | |
| | | | | | |
| | I certify the information on this application is complete a | nd true to the best of my knowledg | e. | | |
| AUTHORIZED | I certify the information on this application is complete a | nd true to the best of my knowledg | e. | | |
| AUTHORIZED | D SIGNATURE | nd true to the best of my knowledg | | | |
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