



Levy County Fair Association
40 NW 1 St Street-Suite F
Williston, FL 32696

www.levycountyfair.com

Phone: (352) 528-2516 Fax: (352) 528-1031

Vendor-Exhibitor Application and Agreement

VENDOR/EXHIBITOR TYPE FOR A 4 DAY EVENT: (Check One)

- RETAIL SALES & FOOD (FOR PROFIT) \$ 200.00
- RETAIL SALES & FOOD (NOT FOR PROFIT) \$ 100.00
- EXHIBITOR (Retail & Misc. FOR PROFIT) \$ 100.00
- EXHIBITOR (NOT FOR PROFIT) \$ 25.00

Prices quoted are for a basic area of 15' sq. Please fill in your space requirements:
L _____ft. X W _____ft.

A **\$50.00** Deposit is to be sent with Application – Refunded after Final Day of Fair.

Please Add **\$60.00** for **Electric (120 volts/1000 watts)**, and **\$40.00** for **Water**. Any additional electrical requirements will be subject to an additional fee. Please advise Vendor Committee of Electrical Requirements.

TOTAL BOOTH FEES: (Please include deposit) \$ _____

Governmental/Education Booths are Free – Subject to review by the Vendor Committee.

Vendor/Exhibitor Application

Business Name: _____

Description of Goods or Services: _____

Contact Person: _____

Phone: _____ Fax: _____ Cell/Mobile: _____

Address: _____ City: _____ ST: _____ Zip: _____

E-Mail: _____ Web Site: _____

How did you learn about our Levy County Fair? _____

Please provide DETAILED List of items you intend to sell or provide:

(Please provide additional sheet of items if needed)

*Please make checks or money orders payable to **Levy County Fair Association, Inc.**
40 NW 1st Street – Suite F, Williston, FL 32696

*I understand the terms of the attached agreement and guidelines and that my application will be reviewed by the Vendor Committee. I will be notified immediately of any irregularities or problems. I understand this agreement and application are only good for this event and must be renewed each event/year. I agree to abide by the attached agreement and conduct business in a clean, professional manner, promoting integrity, honesty and practicing good business sense.

Owner/Manager/Agent-Printed Name

Signature of Same

Date of Application