

**SONOMA-MARIN FAIR
4TH DISTRICT AGRICULTURAL ASSOCIATION
175 FAIRGROUNDS DRIVE
PETALUMA, CA 94952
PHONE: (707) 283-3247 / FAX: (707) 283-3250
info@sonoma-marinfair.org**

*****2020 FAIR DATES: JUNE 24, 25, 26, 27 and 28*****

CONCESSIONAIRE'S APPLICATION

Name of Business: _____

Concessionaires pay 22% of gross sales with a minimum Guarantee to the Association. This application must be filled out completely and returned to the Sonoma-Marin Fair **along with photos of your stand.** Failure to return a fully completed application with all requirements satisfied will result in the application to not be evaluated, and no space shall be awarded

List all items to be sold (include prices) and/or displayed at your stand. Please attach another page if necessary. **Be specific; you will only be allowed to sell items clearly defined in this document and approved by Fair Management. Approved products will be defined in Exhibit "C" of the awarded contract**

*****Fair Management does not award exclusivity of any item(s)*****

Electricity:

Each food stand will be charged for electricity according to the amount of electricity needed to operate. This fee for electric hook-up is to connect your cord to our facilities. We do NOT furnish any material to make this connection. It will be necessary for each concessionaire to furnish the cord and the connection to fit our standard plugs. Plugs and cords must be in accordance with State Electric Safety Orders.

The electricity fee shall be based on one of the following options:

20 amps 110V = \$35.00	30 amps 110V = \$60.00
30 amps 220V = \$60.00	50 amps 220V = \$85.00
100 amps 220V = \$170.00	

Do you plan to purchase your ice needs from the Association? (Circle One) Yes / No.

Estimated number of Bags per day? _____
\$75 to bring your own ice machine.

Number of electrical plugs required: _____ Voltage/Amps required (list each) _____

Electricity charges: \$ _____

Information regarding **electric needs must be accurate.** Failure to do so could result in our inability to connect you into our facility and forfeit of your guarantee.

Frontage length of space, **including** hitches, awnings, fencing, etc (provide detailed photos) _____

Service trailer size: Length (frontage): _____ long by Width (depth): _____ wide

Service side of your stand: (Side, End, etc.) _____

If you have any questions, please contact Rich Gravelle (707) 283-3256

*******MUST INCLUDE PHOTOGRAPHS OF YOUR STAND*******

Applications WILL NOT be considered without a photo.

Also include any letters of recommendation you may have.

Once accepted you have 30 days to provide the Association with your health dep. permit # and expiration.

LIST EVENTS YOU PARTICIPATED IN 2018 (FAIRS, FESTIVALS, ETC.). INCLUDE DATES AND CONTACT INFO:

FAIR OR FESTIVAL	DATES	PHONE#
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PLEASE PRINT (INFORMATION MUST MATCH INSURANCE CERTIFICATE):

NAME OF BUSINESS: _____

PERSON TO CONTACT: _____ CONTRACT SIGNER: _____

PHONE: _____ CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

ADDRESS (Street / PO Box): _____

CITY: _____ STATE _____ ZIP _____

SELLER'S PERMIT # _____

HEALTH DEPARTMENT: Once accepted you have 30 days to provide the Association with your permit # and expiration. You must apply for your permit 45 days prior to our event. Delay could jeopardize participation. See website for Health Dept. packet and more information. www.sonoma-marinfair.org/commercial

SONOMA COUNTY HEALTH PERMIT # _____ EXPIRATION DATE _____

INSURANCE: Applicant must fulfill one of the following three insurance requirements. Exhibitors are required to carry at least \$1,000,000 liability insurance policy, depending upon the usage of the space, & naming the fair as additional insured and certificate holder.

- Purchase Fair's Insurance (Cost is \$135) (Circle One) Yes / No
- CFSA Master List (Circle One) Yes / No If Yes, Provide CFSA# _____ & Expiration Date _____
- Provide copy of Certificate of Insurance and list below Insurance Carrier Name, Phone # & Expiration Date (A Certificate of Insurance listing Fair Association required after accepted):

Are you a member of NICA National Independent Concessionaire's Association? (Circle One) Yes / No

Would you like to receive a NICA application? Yes / No <http://www.nicainc.org/member/newmemberapp/>

PLEASE NOTE: *This application is not a contract, nor a guarantee of receiving one.*

SIGNATURE _____ DATE _____