BOONE COUNTY FAIR NEW CONCESSIONAIRE/VENDOR APPLICATION

Return to: Boone County Fair Association c/o Concessions Committee

P.O. Box 471 Belvidere, IL 61008

Office: 815-544-4066	Fax: 815-544-8027	E-mail: bcfconcjh@aol.com
Company Name:		
Contact Name:		
Address:		
City: State:	Zip Code:	
E-mail:	Phone:	Cell:
Products to be sold or	r displayed	
	nd 8' deep). How maincluded with each bo	
` `	location on fairgrounds	•
Amount of space needed:	Frontage Ft	_ X Depth
Tent Rental: Tent Size: _	x (See	brochure for sizes)
Electric: Outside: Number	of amps needed - 110	amps or 220: amps
On the back please li	st any other fairs or simila	r events you have worked.
Enclose a snapshot of y	your booth or sketch of you	ir proposed booth structure.
Include any mis	cellaneous information you	u feel we should have.

NOTE: UPON APPROVAL, A FULL CONTRACT WILL BE SENT.
RETURN CONTRACT WITH COPY OF CERTIFICATE OF INSURANCE