



Vendor License Agreement
July 4, 2019 at the Hernando County Fairgrounds
PO Box 10456 Brooksville, FL 34603
APPLICATION AND AGREEMENT FOR SPACE
Deadline and payments due by June 13, 2019

This agreement is made this _____ day of _____, 20__ by and between Hernando County Fair Association (HCFA). HCFA and Licensee agree as follows:

PLEASE PRINT ALL INFORMATION

Name of Business (Licensee Name): _____

Contact Name: _____ Driver License # _____

FEIN#: _____ Sales Tax Dealer #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Cell: () _____

Email: _____

Has your business/organization been represented previously at a HCFA event?
 Yes No If yes, when? _____

FOR HCFA USE ONLY:

Date received: _____ Application Accepted? Yes No

Insurance certificate of liability received? Yes No

Space amount _____

Total balance due _____

Amount paid: _____ Cash Check Money Order

Space Assignment: Refund _____ Date Returned _____ Ck # _____

All applications must include the following: completed information pages (1 – 4), a color photograph of the exhibit/concession, and a full listing on page 4 (must be exhaustive and all-inclusive) of all products/services to be offered. All requested information MUST be returned for your application to be considered complete.

TYPE OF EXHIBIT/CONCESSION

Food Sales Direct Sales Non-Profit Exhibit only

OUTDOOR EXHIBIT SPACE REQUIREMENTS NON FOOD

Cost is \$10 per foot frontage (frontage serving side minimum of 10 ft.). Frontage request must include all awnings and hitches or tent size including stakes and tie-downs. See page 3 for an example and list actual dimensions there.

Frontage feet requested _____ X \$10 = \$ _____

FOOD EXHIBIT SPACE REQUIREMENTS

Cost is \$15 per foot frontage (frontage serving side minimum 10 ft.). Frontage request must include all awnings and hitches or tent size including stakes and tie-downs. See page 3 for an example and list actual dimensions there. **NO DRINKS TO BE SOLD UNLESS** agreed upon with HCFA

Frontage feet requested _____ X \$15 = \$ _____

TOTAL AMOUNTS FROM REQUIREMENTS SECTIONS

Outdoor space amount \$ _____
Food space amount \$ _____
Grand Total \$ _____

Make all checks payable to HCFA.

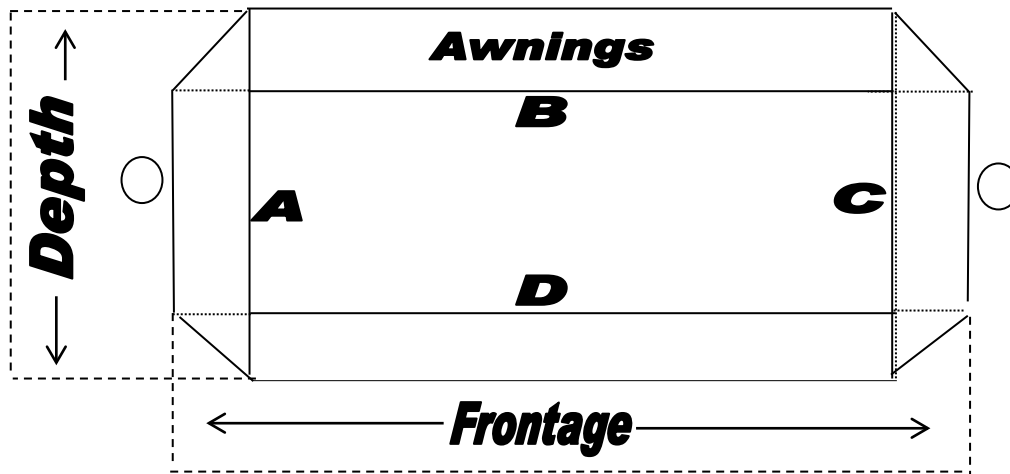
Trailer/stand/tent size **NOT** including awnings: Depth _____ X Frontage _____

Trailer/stand/tent size including all awnings: Depth _____ X Frontage _____

Do you have a stock trailer or truck? Yes/No and Do you need electric? if so ___ amps
Additional charges apply @ \$30.00 per hookup.

Serving side(s): A B C D Lineup: _____ and/or Center:
Trailer Tongue location A C Is tongue removable? Yes No

Do you have UL300 fire suppression system? Yes No



Please return this completed application pages 1-4 to:

Hernando County Fair Association, Inc.
PO Box 10456
Brooksville, Florida 34603
Phone: 352-796-4552
www.hernandofairgrounds.com
Email: info@hernandofairgrounds.com

