



New Vendor Application

Space Application for Aug 28 – Sept 7, 2020

Commercial Exhibitors, Informational Booths, & Concessionaires

Official Business Name/DBA Name: _____

*Name must match name on Certificate of Insurance

Owner or Operator Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone #1: _____ Preferred Phone #2: _____

Tax ID# _____ Fax#: _____

E-Mail address: _____ Website: _____

In the event of an emergency, please give the name of the person who will be managing your location at our Fair and where we might be able to contact them, during off-hours; or a business emergency phone number here:

RELATIONSHIP: _____ NAME: _____ PHONE #: _____

Describe your product(s) including **brand names**; your service; what your display will consist of (**color photograph of your booth or concession as it will appear at this Fair is required**). If you need additional space, please use back of this form:

Mark what type of space you are applying for: **INDOOR** space _____ **OUTDOOR** space _____ Food/Beverage **CONCESSION** _____

Please give minimum dimensions and/or square footage desired: _____

Electrical service? # _____ of Outlets/hooksups, INCLUDING: (110v or 220v): _____ Volts AND: _____ Amps (Increments of 10)

Please indicate your preferred location OR type of booth (1st, 2nd, 3rd choice for a specific building, area, corner, or in-line):

1st: _____ 2nd: _____ 3rd: _____

Please indicate your membership in any of the following professional organizations: International Association of Fairs & Expositions (IAFE)____; National Independent Concessionaires Association (NICA)____; Showmen’s League of America (SLA)____; Outdoor Amusement Business Association (OABA)____. Membership in any of these organizations is encouraged, but is not required .

Include Color Photo: All applications must contain a color photo of the proposed operation (photo may be returned if requested).

Provide **at least two references** (Event Name, Contact Name, City, State, Phone #) of Fairs, Festivals or Expositions where you have participated.

#1. _____

#2. _____

Signature of person making application: _____

Complete this form and mail, fax or email with color photo to:

Director of Sales, Nebraska State Fair, P O Box 1387, Grand Island, NE 68802-1387

Phone: 308-382-1606; Fax: 308-384-1555, jparr@statefair.org

Nebraska State Fair Space Rental Rules & Regulations is available at www.statefair.org. The Rules and Regulations apply to this application and will be included in printed format with all contract offers. All applicants are required to be aware of and agree to adhere to these Rules and Regulations.

Please be prepared to allow 30-45 days for a response to your application.

Use the space on the back of this form for any comments or explanations you wish to make as part of this space application.