ORLEANS COUNTY FAIR ASSOCIATION

PO BOX 580 \* BARTON, VT 05822 \* orleanscountyfair.net

802-673-5588 (Lori Wells Superintendent)

**FLORAL HALL CONCESSION/EXHIBITOR CONTRACT**

**September 6-8, 2024**

(applications are accepted on a first come first serve basis)

Business/Vendor Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VT Sales & Use/Rooms & Meals Certificate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please provide a copy with this contract)

List of Items to display/sell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select one: \_\_\_\_\_ 10X10 space w/ table and chairs ($50) $ \_\_\_\_\_\_

\_\_\_\_\_ 20X10 space w/ table and chairs ($100) $ \_\_\_\_\_\_

**PASSES**

**Paid Contract comes with 1 Week pass (Vehicle & 2 people) (Does not include rides)**

**Any additional passes must be purchased prior to Wednesday September 4 @ $8 each**

**(Does not include rides) Requested after that date will be at full price. No exceptions.**

**If you are not able to get them prior to opening day please contact Lori for arrangements. We prefer you obtain them prior to and hand them out to appropriate people ahead of time.**

\_\_\_\_\_ # of passes @ $8 $\_\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_

Deposit $ \_\_\_\_\_\_\_\_\_\_\_\_ (made payable to OCFA) **Balance due $ \_\_\_\_\_\_\_\_\_**

Vendor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY INSURANCE:** All commercial vendors must provide (before setup) a valid liability INSURANCE POLICY in the amount of, at least, one (1) million dollars, with the OCFA named as an ADDITIONAL INSURED. Any questions regarding insurance reach out to Shelia Martin, Treasurer, 802-673-9454

Mail this form and check to: OCFA \* PO Box 580 \* Barton, VT 05822