

March 25, 2009

AUGUST 3 – AUGUST 8, 2009

Dear Concessionaire:

Thank you for your interest in the 2009 Ingham County Fair. Completion of this application **does not** guarantee you a spot. **Please include a color photograph of your unit, and three references.**

The rates are **\$850.00** for each unit. The electric pass thru fee will be **\$130.00**.

If you are chosen, your contracts will be sent out by April 15, 2009. If you do not receive a contract, your application will be held on file for future year's consideration.

No GRAY WATER may be dumped on the ground or into the storm sewers. Use of holding tanks will be necessary, then dispose of into the sanitary sewers.

There has been some controversy over the selling of foods that were not listed in the contracts or applications. **Please list all items sold.**

If you have any questions, don't hesitate to call.

Thank you,

Michelle L. Conarton
Ingham County Fair

APPLICATION FOR FOOD CONCESSIONAIRES
(August 3 – August 8, 2009)
PLEASE PRINT

Name of Business _____

Name of Owner _____
(Name that should appear on your contract, if approved for space)

Name of Manager _____
(Name of person who will run your operation at the Fair)

Permanent Mailing Address _____

City _____ State _____ Zip _____

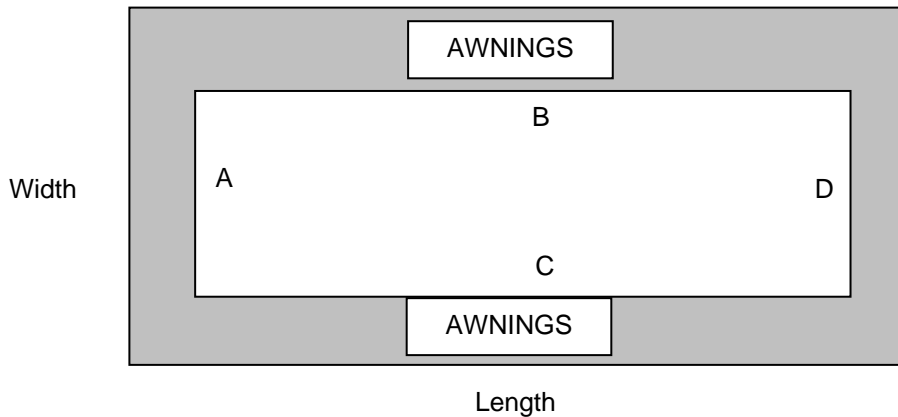
Business Phone (_____) _____ Cell Phone (_____) _____

E-Mail Address _____

PHOTO OF UNIT:

You **must** enclose a non-returnable clear color photograph of your trailer. Please remember that this is an application for food and beverage space – this is not a contract. If accepted, we will contact you by April 15, 2009 to participate in the Ingham County Fair. We reserve the right to accept or reject any applicant based on the uniqueness and quality of products sold, services offered, or the appearance of your space/unit, and references from other fairs or shows at which you have exhibited.

Complete the overhead view drawing below.



Trailer size **NOT** including awnings = width _____ x length _____

Trailer size **INCLUDING** awnings = width _____ x length _____

Service Side ____ A ____ B ____ C ____ D

Is Tongue removable? Yes ____ No ____ Trailer Tongue Location ____ A ____ C

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MENU ITEMS TO BE SOLD: NO exclusivity will be granted.

SPECIFICALLY and **INDIVIDUALLY** list **ALL** food and beverage items requested to be sold. If approved for space, your contract will state that **ONLY** those items listed here can be sold from your space. If you require additional space, please include a detailed list to describe your offered items.

(Ingham County Fair Board reserves the right to delete from menu)

REFERENCES: Please provide information from three Fairs or similar events at which you have sold your product(s).

FAIR/SHOW/EVENT NUMBER 1:

Name of Fair/Show _____
Show Address _____
Name of contact person _____ Phone Number (_____) _____

FAIR/SHOW/EVENT NUMBER 2:

Name of Fair/Show _____
Show Address _____
Name of contact person _____ Phone Number (_____) _____

FAIR/SHOW/EVENT NUMBER 3:

Name of Fair/Show _____
Show Address _____
Name of contact person _____ Phone Number (_____) _____

SIGNATURE:

I certify the information on this food concessionaire space application is complete and true, to the best of my knowledge.

(Signature of owner as stated on front)

(Date)