

**SONOMA-MARIN FAIR  
4TH DISTRICT AGRICULTURAL ASSOCIATION  
175 FAIRGROUNDS DRIVE  
PETALUMA, CA 94952  
PHONE: (707) 283-3247 / FAX: (707) 283-3250  
[info@sonoma-marinfair.org](mailto:info@sonoma-marinfair.org)**

**\*\*\*2022 FAIR DATES: JUNE 22, 23, 24, 25 and 26\*\*\***

**CONCESSIONAIRE'S APPLICATION**

**Name of Business:** \_\_\_\_\_

Concessionaires pay 22% of gross sales with a minimum Guarantee to the Association. This application must be filled out completely and returned to the Sonoma-Marin Fair **along with photos of your stand.** Failure to return a fully completed application with all requirements satisfied will result in the application to not be evaluated, and no space shall be awarded

List all items to be sold (include prices) and/or displayed at your stand. Please attach another page if necessary. **Be specific; you will only be allowed to sell items clearly defined in this document and approved by Fair Management. Approved products will be defined in Exhibit "C" of the awarded contract**

**\*\*\*Fair Management does not award exclusivity of any item(s)\*\*\***


**Electricity:**

Each food stand will be charged for electricity according to the amount of electricity needed to operate. This fee for electric hook-up is to connect your cord to our facilities. We do NOT furnish any material to make this connection. It will be necessary for each concessionaire to furnish the cord and the connection to fit our standard plugs. Plugs and cords must be in accordance with State Electric Safety Orders.

The electricity fee shall be based on one of the following options:

20 amps 110V = \$35.00	30 amps 110V = \$60.00
30 amps 220V = \$60.00	50 amps 220V = \$85.00
100 amps 220V = \$170.00	

Do you plan to purchase your ice needs from the Association? (Circle One) Yes / No.

Estimated number of Bags per day? \_\_\_\_\_  
\$75 to bring your own ice machine.

Number of electrical plugs required: \_\_\_\_\_ Voltage/Amps required (list each) \_\_\_\_\_

Electricity charges: \$\_\_\_\_\_

Information regarding **electric needs must be accurate.** Failure to do so could result in our inability to connect you into our facility and forfeit of your guarantee.

**Frontage** length of space, **including** hitches, awnings, fencing, etc (provide detailed photos) \_\_\_\_\_

Service trailer size: Length (frontage): \_\_\_\_\_ long by Width (depth): \_\_\_\_\_ wide

Service side of your stand: (Side, End, etc.) \_\_\_\_\_

**If you have any questions, please contact Rich Gravelle (707) 283-3256**

**\*\*\*\*\*MUST INCLUDE PHOTOGRAPHS OF YOUR STAND\*\*\*\*\***

Applications WILL NOT be considered without a photo.

Also include any letters of recommendation you may have.

Once accepted you have 30 days to provide the Association with your health dep. permit # and expiration.

**LIST EVENTS YOU PARTICIPATED IN 2018 (FAIRS, FESTIVALS, ETC.). INCLUDE DATES AND CONTACT INFO:**

<b>FAIR OR FESTIVAL</b>	<b>DATES</b>	<b>PHONE#</b>
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**DO YOU PLAN TO PURCHASE YOUR ICE NEEDS FROM THE FAIR ASSOCIATION: (YES OR NO):** \_\_\_\_\_

**PLEASE PRINT (INFORMATION MUST MATCH INSURANCE CERTIFICATE):**

NAME OF BUSINESS: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_ CONTRACT SIGNER: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

ADDRESS (Street / PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SELLER'S PERMIT # \_\_\_\_\_

**HEALTH DEPARTMENT:** Once accepted you have 30 days to provide the Association with your permit # and expiration. You must apply for your permit 45 days prior to our event. Delay could jeopardize participation. See website for Health Dept. packet and more information. [www.sonoma-marinfair.org/commercial](http://www.sonoma-marinfair.org/commercial)

SONOMA COUNTY HEALTH PERMIT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**INSURANCE:** Applicant must fulfill one of the following three insurance requirements. Exhibitors are required to carry at least \$1,000,000 liability insurance policy, depending upon the usage of the space, & naming the fair as additional insured and certificate holder.

- Purchase Fair's Insurance (Cost is \$135) (Circle One) Yes / No
- CFSA Master List (Circle One) Yes / No If Yes, Provide CFSA# \_\_\_\_\_ & Expiration Date \_\_\_\_\_
- Provide copy of Certificate of Insurance and list below Insurance Carrier Name, Phone # & Expiration Date (A Certificate of Insurance listing Fair Association required after accepted):

Are you a member of NICA National Independent Concessionaire's Association? (Circle One) Yes / No

Would you like to receive a NICA application? Yes / No <http://www.nicainc.org/member/newmemberapp/>

**PLEASE NOTE: This application is not a contract, nor a guarantee of receiving one.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_