

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

*****2024 FAIR DATES: Four Days - JUNE 20, 21, 22, and 23*****

COMMERCIAL EXHIBITORS' APPLICATION

Name of Business: _____

This application must be completed and returned to the Sonoma-Marin Fair **along with the completed credit card authorization form or check for the \$200.00 non-refundable deposit**, which will be applied toward your space fee if accepted. **After May 1, the credit card authorization form must be for the entire cost of the booth.** Failure to return a fully completed application with all requirements satisfied will result in the application not being evaluated, and no space shall be awarded. **Your credit card will NOT be charged, nor will your check be cashed if denied.** (If your bank does not honor your check, a \$25.00 fee per check will be charged.) There are no guarantees of the success of your participation.

PLEASE LIST EVENTS YOU PARTICIPATED IN 2023 (FAIRS, FESTIVALS, ETC.). **INCLUDE DATES AND CONTACT INFO:**

FAIR OR FESTIVAL	DATES	PHONE#

List all items to be **sold or service information** you're providing (include prices and percentage of product mix- the sum of all the percentages will equal 100%) and/or displayed at your booth or stand. Please attach another page if necessary. Please include any other names your product may be referred to as.

Be specific; you will only be allowed to provide information or sell items clearly defined in this document and approved by Fair Management. Approved products or services will be clearly defined in Exhibit "C" of the awarded contract.

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

ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE
ITEM	PRICE	PERCENTAGE	ITEM	PRICE	PERCENTAGE

EXHIBIT SPACE DESIRED: PLEASE INDICATE YOUR CHOICES IN ORDER OF DESIRE (i.e. 1st, 2nd, 3rd, etc.)

SEE THE ENCLOSED MAPS FOR INSIDE BOOTH NUMBERS & OUTSIDE LOCATIONS

(Actual location within the specified area is dependent upon products sold & approval of Fair Management)

(INSIDE)	(OUTSIDE) Number area by priority level (i.e., 1st, 2nd, 3rd, etc.)
_____ 10' x 10' Corner = \$500 booth(s) 1 st # _____ 2 nd # _____ 3 rd # _____	_____ 10' x 10' = \$670 near main gate (Chicken Lawn area-grass)
_____ 10' x 10' Inline = \$400 booth(s) 1 st # _____ 2 nd # _____ 3 rd # _____	_____ 10' x 10' = \$670 Poles on Gross Concourse (Poles in the middle are on asphalt w/3 open sides). Must meet specific requirements. See the Exhibitor info sheet.
	_____ 10' x 10' = \$600 in front of Main Exhibit Hall (area mostly grass) \$880 #19 20' x 10' (South end of Main Exhibit Hall)

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

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*******MUST INCLUDE PHOTOGRAPHS OF YOUR BOOTH*******

Applications **WILL NOT** be considered without a photo.
Also, include any letters of recommendation you may have.

DO YOU INTEND TO:

1. USE A PUBLIC ADDRESS SYSTEM OR SOUND AMPLIFIER? _____
2. GIVE AWAY PRODUCT OR FOOD SAMPLES? IF SO, WHAT? _____
3. CONDUCT A DRAWING? IF SO, WHAT WILL BE GIVEN AWAY? _____
4. DO YOU NEED ELECTRICITY? IF SO, HOW MUCH AND FOR WHAT PURPOSE? (Note: Excessive use of electricity and/or use that requires the services of an electrician will result in additional fee assessment.)

5. DO YOU SELL PRODUCTS? IF YES, PROVIDE STATE RESALE # _____

YOUR INFO: 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: _____

INSURANCE: Exhibitors are required to carry at least a \$1,000,000 liability insurance policy, depending upon the usage of the space, & naming the fair as additional insured and certificate holder. Most exhibitors can purchase insurance through the fair for approximately \$120.

Applicant must fulfill **one of the following three** insurance requirements.

1. Purchase Fair's Insurance (Cost is \$120) (Circle One) Yes / No _____
2. CFSA Master List (Circle One) Yes / No _____
If Yes, Provide CFSA# _____ & Expiration Date _____

3. Provide a copy of the Certificate of Insurance and list below the Insurance Carrier Name, Phone # & Expiration Date (A Certificate of Insurance listing Fair Association is required after acceptance): _____

List as the Additional Insured: "That the State of California, the California Fair Services Authority, the District Agricultural Association, County Fair, the County in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fruit Fair, California Exposition and State Fair, or Entities (public or non-profit) operating California designated agricultural fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned."

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

SIGNATURE _____ DATE _____