



# BREVARD COUNTY FAIR

MARCH 22<sup>nd</sup> - APRIL 1<sup>st</sup>, 2012

## COMMERCIAL EXHIBIT SPACE APPLICATION

BUSINESS NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

\_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_ **SPACE REQUIREMENTS:**

(10 linear feet minimum @ \$35.00/foot) FRONTAGE: \_\_\_\_\_ DEPTH: \_\_\_\_\_

\_\_\_\_\_ **ELECTRICAL REQUIREMENTS:** (Provide as much detail as possible)

\_\_\_\_\_ AMPS @ 120 VOLTS

\_\_\_\_\_ AMPS @ 220 VOLTS

See ELECTRICAL SERVICE REQUEST FORM for pricing.

ITEMS SOLD/SERVICES RENDERED NON-FOOD VENDORS: On the attached sheet list all items to be sold, exhibited, and/or demonstrated. If you are providing a service, please explain exactly what you will offer. If you hand out information, please attach a copy of said information to this sheet.

FOOD VENDORS: Please attach a copy of the menu to be used at the Fair, including sides and other items to be vended that are not on the menu.

Please provide the following data about the shows/events in which you have previously participated.

**SHOW/EVENT:**

\_\_\_\_\_ SHOW/EVENT ADDRESS: (include complete mail address) \_\_\_\_\_

CONTACT PERSON: (include name and telephone number) \_\_\_\_\_

**SHOW/EVENT:** \_\_\_\_\_ SHOW/EVENT

ADDRESS: (include complete mail address) \_\_\_\_\_

CONTACT PERSON: (include name and telephone number) \_\_\_\_\_

**SHOW/EVENT:** \_\_\_\_\_ SHOW/EVENT

ADDRESS: (include complete mail address) \_\_\_\_\_

CONTACT PERSON: (include name and telephone number) \_\_\_\_\_

Please enclose a clear photo or detailed drawing of your setup/booth and any literature pertaining to your product(s) and/or service(s).

**PLEASE REMEMBER THIS IS AN APPLICATION FORM FOR COMMERCIAL EXHIBIT SPACE,  
THIS IS NOT A CONTRACT.**

Upon acceptance of this application, you will be contacted. We reserve the right to accept or reject any applicant based on the uniqueness and quality of product(s) sold or service(s) provided, appearance of your space/booth, and references from other shows in which you exhibited. Upon acceptance, satisfactory proof of required liability insurance shall be accompanied by a 50% (fifty percent) NON-REFUNDABLE deposit due no later than 01/14/2012 (January fourteenth, two thousand twelve). The balance of funds are due no later than 03/01/2012 (March first, two thousand twelfth). Applicable Brevard County and City of Melbourne permits/codes will be adhered to, and paid for, by the vendor.

Traveling vendors may contact the Wickham Park Campground for Brevard County Fair rates. PHONE: 321/255-5307 or FAX: 321/255-4343

**ALL VENDOR AREAS ARE OPEN AIR**

SIGNATURE: I certify the information on this vendor commercial exhibit space application is complete and true, to the best of my knowledge.

**LESSEE OWNER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT ALL DEPOSITS ARE NON-REFUNDABLE.

**Lessee Owner's Signature:** \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

Brevard County Fair, Inc.  
3695 Lake Drive  
Cocoa, Florida 32926  
FAX: 321/633-1890  
[marketing@brevardcountyfair.com](mailto:marketing@brevardcountyfair.com)

**LIST OF ITEMS TO BE SOLD, EXHIBITED AND/OR DEMONSTRATED**