www.dawsonfair.com

 

DAWSON COUNTY FAIR

207 WEST BELL STREET

GLENDIVE, MT 59330

406-377-6781

dcfair@dawsonmt.gov

 

2025 Mobile Concessions Application

July 24 – July 26, 2025

PLEASE PRINT/TYPE:

 Business / Company Name:

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

 Contact Name:

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

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Were you a concessionaire at the 2024 Dawson County Fair? \_\_\_\_yes \_\_\_\_no

**MOBILE CONCESSIONS VENDOR RATES**

Indicate number of Spaces Needed

Mobile Concession Rates $175 \_\_\_\_\_\_\_\_

Additional Space or Trailer/Freezer $25 \_\_\_\_\_\_\_\_

Additional Space w/Electricity $50 \_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_

\*\*\*Your site will be assigned by the Fair Board based on availability, size, power needs, and arrival time. \*\*\*

My concessions are vended from:

A vendor Trailer/Van \_\_\_\_\_ (dimensions) \_\_\_\_\_\_ x \_\_\_\_\_\_ (Left, Right and End Vend) \_\_\_\_\_\_\_\_

Other: (Tent, Open) \_\_\_\_\_\_ (dimensions) \_\_\_\_\_\_ x \_\_\_\_\_\_ (Left, Right and End Vend) \_\_\_\_\_\_\_\_

Additional Supply Truck or Trailer \_\_\_\_\_\_ (dimensions) \_\_\_\_\_\_ x \_\_\_\_\_\_

IMPORTANT: Electrical Requirements

220 Service \_\_\_\_\_\_\_ 110 Service \_\_\_\_\_\_\_ # Plugins \_\_\_\_\_\_\_ Amps Requires

PLEASE LIST PRODUCTS AND/OR SERVICES

* No Exclusivity shall be granted. We do make an effort not to duplicate items; our goal is for our vendors to be successful.
* Spaces are assigned with the consideration of the vendor in mind, as well as the availability to power. We reserve the right to place vendors at our discretion.
* Proper licenses, permits, must be obtained prior to opening of fair.
* REQUIRED: COPY OF FOOD LICENSE

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* Is your product tied to MLM or a Franchise? \_\_\_\_\_\_\_\_\_\_\_\_
* If yes, Please Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_ Please send copy

\*\*\*Were you an Exhibitor/Vendor at the 2024 Dawson County Fair? \_\_\_\_\_\_\_

PAYMENT AND COMPLETED APPLICATION MUST BE RECEIVED BEFORE WEDNESDAY, July 7, 2025.

The Applicant understands this is an application for exhibit/vendor space at the Dawson County Fair. Should the application be denied due to lack of space or undesirable content of sales, the payment will be promptly refunded.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY:

Accepted: Space/Area Reserved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Denied

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

Date Notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN THIS APPLICATION**

**WITH PAYMENT TO:**

**Dawson County Fair**

**207 West Bell**

**Glendive, MT 59330**

**For more info call: (406) 377-6781**

**Or e-mail: DCFair@dawsoncountymontana.com**