

# Pinal County Fair March 18-22, 2020

## COMMERCIAL SPACE APPLICATION

512 S. Eleven Mile Corner RD. Casa Grande AZ. 85194 | Office: 520-723-7881

<b>All vendors MUST circle the type of vendor space you are applying for to be considered</b>	<b>Inside Outside</b>
<b>Submit</b>	<i>Photo of your booth in operation MUST accompany application for consideration</i>
<b>Liability Insurance</b>	Liability Insurance: Proof of minimum one million dollar policy in the company's name with the "Pinal County, Central Arizona Fair Association, Fair Executives, their Officers, Officials, agents, employees and representatives" listed as additional insured required upon acceptance. Exact wording must be used!

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

	Electric Required at booth	Yes / No (circle one)	Must be completed for all applications	
Electric	Volts _____	Amps _____		
<b>Boot Rent</b>	<b>Inside</b> 10 x 10	Open front only	\$200	\$ _____
	10 x 10	Corner	\$325	\$ _____
	10x20	Open front only	\$300	\$ _____
	10x20	Corner	\$350	\$ _____
	<b>Outside</b> 10x10	10' sell side	\$325	\$ _____
	10x20	10' sell side	\$425	\$ _____
	20x10	20' sell side	\$475	\$ _____
	<i>call for other space sizes</i>			
<b>Credentials and passes</b>	<b>Additional Admission Credentials (valid for one admission per day):</b>			
	2 provided with space rent	Quantity _____	x	\$10 \$ _____
	<b>Vehicle Parking Pass</b> (minimum of one per booth required)			<b>\$10.00</b>
	Additional parking passes	Quantity _____	x	\$10 \$ _____
	<b>Camping</b> Water & Electric only	Nights _____	x	\$25 \$ _____
<b>Service / Stock Truck</b>	Each _____	x	\$30 \$ _____	
<b>Golf Cart Pass</b>	Each _____	x	\$50 \$ _____	
<b>Insurance</b>	<b>All Vendors MUST have insurance. You may provide your own or purchase coverage through the event.</b>			
	I will provide my own insurance and proof of coverage	<input type="checkbox"/>		
	I will purchase the required insurance from CAFA	<input type="checkbox"/>		\$120 \$ _____

**Total Fee \$ \_\_\_\_\_**

Signature \_\_\_\_\_

**You must complete both sides of application**

Deposit Rec / Rec # \_\_\_\_\_ Date Insurance Received \_\_\_\_\_

Please submit your application before February 21, 2020

