## **Chenango County Fair Vendor Application**

(The application must be accompanied by a \$20.00 application fee to be considered)

(The application must be a	iccompanied by a \$20.00 a	ipplication lee to be consid	lereu)
Company/Organization			
Address			
City, State Zip			
Contact Person			
Business Phone		Cell Phone	
Email			
Type of Vendor:			
o Food	o Sales/Pr	romotion o	Craft
o Non-Profit	o Specialt	y Foods (Packaged)	Other
NYS Tax Id. Or S.S.# Space Desired: IND Size Desired: (All awnings,	OOR OUTDOO		 ncluded)
Maximum Size Needed:		Maximum Size Needed:	
Front Footage	Depth Ft.	Front Footage	Depth Ft.
Three Fairs or Shows rece	ntly participated in:		
Three Fairs or Shows rece	ntly participated in:  Contact Person	Phone Number	Address

I acknowledge that this application is not a vendor agreement and does not constitute an offer to participate.

Signature:	Date:

RETURN APPLICATION AND PAYMENT TO CCAS, PO BOX 622, NORWICH, NY 13815-0622