

**BOX BUTTE COUNTY AGRICULTURE SOCIETY
P.O. BOX 608
HEMINGFORD, NE 69348
bbcofair@gmail.com
PHONE 308-487-5223 OR FAX 308-487-3363**

COMMERCIAL VENDOR BOOTH INFORMATION

I/We hereby agree to rent a space in the food court at the Box Butte County Fair for the period of _____.

I/We agree to pay a flat fee of \$100.00 for this privilege. Payment will be made in full to the Box Butte County Agriculture Society, address above, with vendor application, to ensure my reservation. I, We further agree to accept such space allotted by the Fair Management to be the best space possible considering the date of this agreement.

I/We agree to provide a certificate of insurance (\$1 million minimum).

I/We understand that, under no circumstances, will privileges of a questionable nature or of a demoralizing tendency be tolerated upon Box Butte County Fair Grounds.

I/We understand that vendors may advertise at and distribute from their assigned space only.

I/We understand that if I/We do not have a Nebraska sales tax number, I/We may be required to buy one. (Food Inspector will be present at the Box Butte County Fair Grounds.)

I/We understand that this food booth will be self-contained, clean, and pleasing in appearance. I/We shall be responsible for the trash around food booth.

I/We understand that should I/We be applying for a food booth, I/We must have a current state permit and comply with all state food booth regulations.

I/We understand that I/We are responsible to set hours of operation for said dates and adhere to those hours.

I/We understand that the Box Butte County Fair will not be responsible for theft or vandalism. However, there will be a security guard on duty Thursday, Friday and Saturday nights.

I/We understand that the Box Butte County Fair Board has decided to stay with the exclusivity policy and a list of items being sold will be required at the time of application.

**BOX BUTTE COUNTY AGRICULTURE SOCIETY
P.O. BOX 608
HEMINGFORD, NE. 69348
bbcofair@gmail.com
PHONE 308-487-5223 OR FAX 308-487-3363**

COMMERCIAL VENDOR BOOTH CONTRACT

Please sign and return this application, along with necessary forms detailed in **COMMERCIAL VENDOR BOOTH INFORMATION** form.

Name of Booth_____

Items for sale_____

Exhibitors Signature_____

Contact Person (please print)_____

Address_____

City_____ State _____ Zip _____

Phone_____ Email _____

OFFICE USE ONLY

Check #_____

Amount_____

Insurance_____