

Vendor/Exhibitor Space Request

Business/Organization: _____

Contact Person: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Booth Description (list items to be sold/displayed or include menus/brochures): _____

BOOTH REQUEST – Please CHECK your selected booth size and type in the table below:

Vendor Type	10x10	10x20	10x30
Food Vendor	<input type="checkbox"/> \$250+15% receipts	<input type="checkbox"/> \$250+15% receipts	<input type="checkbox"/> \$250+15% receipts
Commercial	<input type="checkbox"/> \$200	<input type="checkbox"/> \$350	<input type="checkbox"/> \$425
Non-Profit	<input type="checkbox"/> \$100	<input type="checkbox"/> \$350	<input type="checkbox"/> \$425

Electricity Needed: Yes No **# of Outlets:** _____

Booths will be assigned due to location change. A final map of vendor spaces will be distributed prior to move-in.

By signing below you agree to all rules and requirements listed in the Lincoln County Fair Vendor Handbook. Failure to comply can lead to your removal from the Fair at any time.

Signature: _____ **Date:** _____

For Office Use Only

Payment Amount: _____ Date Received: _____ Notes: _____