

Fair's No Place Like Home!



Shasta District Fair

| | |
|------------|-------|
| Contract # | _____ |
| Location | _____ |
| Amount | _____ |

2010 CONCESSION APPLICATION

June 16-20, 2010

(530) 378-6789 (PH) (530) 378-6788 (FAX) Email: exhibits@shastadistrictfair.com

PLEASE PRINT

Business Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Street Address: _____

(If different from above)

City & State: _____ Zip: _____

Phone Day: _____ Evening: _____

Cell: _____ FAX: _____

Email _____

List of Fairs where you have exhibited:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PLEASE ATTACH A LIST OF PROPOSED FOOD/BEVERAGE PRODUCTS, SIZES AND PRICES

Drink prices must adhere to the drink size and pricing standards set forth in the concession rules & regulations

These prices may not be changed during Fairtime

Please Note: We cannot process your application if the information is not complete and accurate

PLEASE COMPLETE BOTH PAGES OF THIS FORM

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Utilities needed: Electrical _____ Water _____ Sewer _____

Concession size): Length _____ Width _____ Height _____
(Please include awnings & counters-this will determine the amount of space allotted for your stand please be accurate)

Service from: End _____ Side _____ Both _____

***Resale Number: _____

Do you anticipate needing Stock Truck Parking?

Will you need RV parking? _____

I agree to abide by the rules and regulations stipulated in the Concessionaire's Rules and Regulations. I understand this is not a commitment by the applicant nor is it an offer of space by the Shasta District Fair.

Authorized SIGNATURE Please Print Name TITLE

Please return this application to: **Exhibits Coordinator**
Shasta District Fair
1890 Briggs Street
Anderson, CA 96007
Or FAX 530-378-6788

Please send a photo or brochure of concession stand with application if one is not on file.

Please Note: photo/brochure and menu must accompany application to be considered for space
Application must include copy of Serve-Safe certification to be considered.

PLEASE COMPLETE BOTH PAGES OF THIS FORM