



SANTA BARBARA COUNTY FAIR
2010 FOOD CONCESSION APPLICATION
SANTA MARIA FAIRPARK – JULY 14-18, 2010

Application does not guarantee rental space. ALL applicants must include a completed application with a \$400.00 deposit (which will be returned if application is not selected to receive a contract). If selected for a contract, the deposit will be applied toward the concession fee of \$1,000 or 22%, whichever is greater. **Please return one check per event. Do not combine with Santa Maria Valley Strawberry Festival**

PLEASE PRINT CLEARLY OR TYPE APPLICATION

RETURNING _____ NEW _____

RETURNING Concessionaires must return applications by 1/31/2010 to retain preferred status.

ALL APPLICANTS MUST INCLUDE PHOTO OF BOOTH SET UP

Business Name (insurance must be in this name): _____

Owner Name (person authorized to sign contract): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone: _____ Home Phone: _____

FAX #: _____ Cell # _____

Email: _____

MANDATORY FOR VENDORS SELLING OR TAKING ORDERS FOR MERCHANDISE:

California State Sales Tax Permit Number: _____

UTILITY REQUIREMENTS (please specify amount of electricity you need, such as 220v or 110V)
_____ Voltage _____ Amp _____ #of Plugs _____ Water _____ Sewer
(There is a \$45 charge for 220v, or for excessive 110v use, which will be added to the contract if awarded.)

SPACE REQUIREMENTS (please specify- **DO NOT** put “same as last year”)

Concession trailer _____ Tent set-up _____ Other _____

Space requirements for your unit and prep area: Length (including tongue): _____ Width: _____

Do you serve from: Front _____ Side _____ Both _____

OTHER: Any "special needs, space or sound requirements? _____

CONTINUED ON BACK - BOTH SIDES OF APPLICATION MUST BE COMPLETE

Do you need: Space to park a Stock Truck or Stock Trailer: Yes _____ No _____

Do you need: RV Camping Space _____ Size of RV _____
(Camping Space is limited – Spaces will be assigned in order of request)

PLEASE PROVIDE REFERENCES:

Event: _____ Date(s) _____
Contact Name & Phone Number: _____

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Contact Name & Phone Number: _____

PROPOSED MENU with prices: (or attach separately)

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

I certify all of the information contained in this application to be true and accurate to the best of my knowledge and agree to abide by all Fairpark regulations should a contract be awarded.

Signature Date

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Cancellation Policy: Refunds will be honored according to the following schedule:
If a contract has not been issued AND *it is more than 60 days before the event* – **Full refund.** Cancellation need not be in writing.
All other refunds require written requests and are subject to Board Approval:
Contract issued & 60 days or more before opening day: **refund less \$50 administrative fee**
Contract issued & 30-59 days before opening: **50 percent refund**
Contract issued & 29 days or less before opening day: **no refund.**
No refund will be given if an exhibitor fails to set-up or is asked by management to remove an exhibit from the grounds.

RETURN COMPLETED APPLICATION with your \$400 DEPOSIT TO:

EXHIBITS/CONCESSIONS OFFICE	phone (805) 346-1739
SANTA MARIA FAIRPARK	fax (805) 346-2437
937 SOUTH THORNBURG	email: exhibitsconcessions@santamariafairpark.com
SANTA MARIA, CA 93458	

You may pay your deposit by credit card.

VISA or MASTERCARD: Credit Card # _____ Exp. Date __ __/__ __

Name on card: _____