



# WAUKESHA COUNTY FAIR ASSOCIATION, INC.

2417 SILVERNAIL ROAD, PEWAUKEE, WISCONSIN 53072

(262) 544-5922

[www.waukeshacountyfair.com](http://www.waukeshacountyfair.com)

**Jim Renn**  
President

**Chrissy Gluege**  
Executive  
Director

## WAUKESHA COUNTY FAIR NEW VENDOR CONTRACT AGREEMENT

JULY 19 – 23, 2017

**CONTRACT DUE:** \_\_\_\_\_ **(Late fee - \$50.00)**

\_\_\_\_\_  
Vendor's Company/Business Name

\_\_\_\_\_  
TIN Number/Social Security Number

\_\_\_\_\_  
Vendor's Address, City, State, Zip Code

\_\_\_\_\_  
Seller's Permit Number

\_\_\_\_\_  
Representative's Address City, State, Zip Code (If different than above.)

\_\_\_\_\_  
Company/Business's Phone Number

\_\_\_\_\_  
Representative's Email Address **(REQUIRED)** & Fax Number

\_\_\_\_\_  
Representative's Phone Number

\_\_\_\_\_  
**Signature of Representative – Acknowledge that I have read and understand the Rules/Regulations Hand Book**

\_\_\_\_\_  
Cellular Phone Number **(REQUIRED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-profit Organizations – Tax Number

It is agreed that all rules and regulations and general information for the Waukesha County Fair as attached or provided on website are a part thereof and no agreement other than those contained herein shall be binding upon parties unless in writing, and signed by an authorized representative of the Waukesha County Fair.

It is agreed that all vendors keep their exhibits in place through the completion of the Fair. **NO VENDOR MAY REMOVE AN EXHIBIT ANY EARLIER THAN 8:00 PM ON JULY 23<sup>rd</sup>.** ANY VENDOR LEAVING PRIOR TO THE **8:00 PM**, RELEASE TIME MAY NOT BE ALLOWED TO RETURN TO SUBSEQUENT WAUKESHA COUNTY FAIRS, AND WILL FORFEIT THEIR SECURITY DEPOSIT.

It is further agreed that a minimum of 50% of the balance shall accompany this contract agreement and that upon approval of the contract agreement, there will be no refunds of exhibit fees or deposits. All fees will be returned to those applicants whose contract agreement has not been approved. With the acceptance of the contract agreement the remaining balance of initial exhibit costs including electrical fees will be paid by **May 1, 2017 (or if the contract is accepted after May 1<sup>st</sup>, final payment is due 30 days after accepted contract or by July 1<sup>st</sup>, which ever comes first).** **If final payment is not received by this date, a \$50.00 late fee will be assessed.** Any additional fees will be paid by **July 1, 2017.**

**A one hundred-dollar (\$100) deposit (Food Vendors five hundred dollars - \$500.00) will be required, in CASH ONLY, at check-in, to guarantee your booth will remain open and staffed until release time.** The deposit will be returned to you at release time provided your booth has remained **open, intact, and staffed during open hours.**

Map layout is subject to change due to the fact that we do not own our own grounds. Booth space/map layout is made solely by the Commercial Committee and your exact booth location is NOT allowed to be disclosed until day of vendor check-in. **NO EXCEPTIONS. Vendor Check-In times are listed in the 2017 Rules and Regulations booklet.**

Total Length and width of unit including hitch and awnings \_\_\_\_\_

Please indicate the side of your unit that you will be serving out of if applicable \_\_\_\_\_

Do you plan to hold a contest, drawing, or raffle? \_\_\_ Yes \_\_\_ No

Do you have a stock truck? \_\_\_ Yes \_\_\_ No If yes, what is the total length and width of unit \_\_\_\_\_

Does your stock truck have its own generator? \_\_\_ Yes \_\_\_ No

Physical description of Exhibit or Display. Please include a photo of your booth or display.

\_\_\_\_\_  
List and describe all products to be sold or displayed and attach samples of handouts. Please be specific. Each product to be sold **MUST** be listed clearly. ("Same as last year" or "Etc." is not acceptable).

**\*\*REQUIREMENT\*\*** ALL VENDORS must list three other events that you have participated in (is this is your first event, please state that); failure to do so will result in no acceptance of contract.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any special requests or provisions needed for your exhibit or display.

I have read the above contract, 2017 Commercial Rules & Regulations, and agree to all terms that the Waukesha County Fair Association has stated.

\_\_\_\_\_  
Name of representative – Printed

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date

*To Be Completed by Vendor* **\*\*There will be a \$50 charge for all checks returned from your bank. \*\***

**Exhibit Space**

Exhibits space is sold in 5' increments with a 10' Minimum-Indoor and a 15' Minimum-Outdoor. Space is sold by the frontage foot.

An example would be the following:

Indoor space      10 ft      x    \$35.00      = \$ 350.00

**\*\*5.1% Sales Tax must be added if you purchase electric or rent a tent or purchase a season parking pass. \*\***

Please reserve the following for the 2017 Waukesha County Fair, to be conducted at the Waukesha County Exposition Grounds, 1000 Northview Road, in Waukesha, Wisconsin 53188, opening at 12:00 pm, Wednesday, July 19<sup>th</sup> and running through 8 pm Sunday, July 23<sup>rd</sup>, the following type of space:

**Forum Floor**                      \_\_\_\_\_ x \$35.00                      = \$ \_\_\_\_\_

**Outside Space**

Section A1, A2, A3, A4, A5, A6, A7 (Circle One) (Corner Locations)

\_\_\_\_\_ x \$50.00                      = \$ \_\_\_\_\_

Section B                              \_\_\_\_\_ x \$40.00                      = \$ \_\_\_\_\_

Section C                              \_\_\_\_\_ x \$30.00                      = \$ \_\_\_\_\_

Section D                              \_\_\_\_\_ x \$25.00                      = \$ \_\_\_\_\_

Section E                              \_\_\_\_\_ x \$10.00                      = \$ \_\_\_\_\_

**Food Space**

Section A1, A2, A3, A4, A5, A6, A7 (Circle One)

\_\_\_\_\_ x \$42.00                      = \$ \_\_\_\_\_

Section B                              \_\_\_\_\_ x \$32.00                      = \$ \_\_\_\_\_

Section C                              \_\_\_\_\_ x \$35.00                      = \$ \_\_\_\_\_

Section D                              \_\_\_\_\_ x \$17.00                      = \$ \_\_\_\_\_

**Water Hook Up**                      \$50.00                      = \$ \_\_\_\_\_

Electrical Fee: (See electrical fee schedule in book) = \$ \_\_\_\_\_

Tent Rental:                              \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

**(No Pop Up Style Tents Allowed! See Commercial Rules & Regulations)**

Season Passes:                              \_\_\_\_\_ x    \$25.00                      = \$ \_\_\_\_\_

Season Parking Pass:                      \_\_\_\_\_ x    \$10.00                      = \$ \_\_\_\_\_

Single Day Passes:                              \_\_\_\_\_ x    \$7.00                      = \$ \_\_\_\_\_

Camping No. of Nights:                      \_\_\_\_\_ x    \$35.00                      = \$ \_\_\_\_\_

Sunday Night Camping:                      \_\_\_\_\_ x    \$50.00                      = \$ \_\_\_\_\_

Late Fee (\$50.00)                              = \$ \_\_\_\_\_

5.1% Sales Tax only on Electric, Tent Rental or Parking = \$ \_\_\_\_\_

Total Balance Due:                              = \$ \_\_\_\_\_

50% Deposit: (Ck # \_\_\_\_\_)                      = \$ \_\_\_\_\_

Remaining Balance Due May 1<sup>st</sup>                      = \$ \_\_\_\_\_

\*All vendors must furnish Certificates of Insurance for general liability with limits of \$1 million per occurrence and food vendors shall also have product liability, naming the Waukesha County Fair Association 2417 Silvermail Road Pewaukee, WI 53072 and Waukesha County Expo Grounds 1000 Northview Road Waukesha, WI 53188 as an additional insured.

If purchasing camping space, you must also fill out a camping contract. Please call the Fair office or log onto our website to obtain the form.

**Payment with Credit Card**

First Name (as it appears on card): \_\_\_\_\_

Last Name (as it appears on card): \_\_\_\_\_

Credit Card # \_\_\_\_\_

Please Circle One:      Visa                      AMEX                      MasterCard

Expiration \_\_\_\_\_ Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_

Payment Enclosed    \_\_\_ yes    \_\_\_ no                      Amount \$ \_\_\_\_\_  
Accepted and Approved by: \_\_\_\_\_