



WAUKESHA COUNTY FAIR ASSOCIATION, INC.

2417 SILVERNAIL ROAD, PEWAUKEE, WISCONSIN 53072

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www.waukeshacountyfair.com

Aaron Schuett
President

Chrissy Gluege
Executive
Director

WAUKESHA COUNTY FAIR Farmers' Market CONTRACT AGREEMENT

JULY 17 & 18, 2024

CONTRACT DUE: **May 1, 2024**

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 2024 Rules/Regulations Handbook

Cellular Phone Number (**REQUIRED**)

Date

Non-profit Organizations – Tax Number

It is agreed that all rules/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 event. **NO VENDOR MAY REMOVE AN EXHIBIT ANY EARLIER THAN 5:00 PM ON JULY 17th or 18th. ANY VENDOR LEAVING PRIOR TO THE 5:00 PM RELEASE TIME MAY NOT BE ALLOWED TO RETURN TO SUBSEQUENT WAUKESHA COUNTY FAIRS AND WILL CONSEQUENTLY FORFEIT THEIR SECURITY DEPOSIT.**

It is further agreed that all 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.

A Forty-dollar (\$40) security deposit for each booth 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, staffed during open hours and totally cleaned up.**

Map layout is subject to change at any time based on unknown circumstances that could arise. Booth space/map layout is made solely by the Farmers' Market Agent and Commercial Committee and exact booth location is NOT allowed to be disclosed until day of vendor check-in. **NO EXCEPTIONS. Vendor Check-In times begin at 9:00 AM and no later than 10:30 AM.**

Each booth is a 10' x 10' space unless discussed with the Farmers Market Agent in advance.
Do you plan to hold a contest, drawing, or raffle? ___ 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).

Please Check What Applies For Your Booth

I am attending Wednesday, July 17.

I am attending Thursday, July 18.

I am attending Wednesday and Thursday July 17 & 18.

I have read the above contract, 2024 Commercial Farmers Market Rules & Regulations, and agree to all terms that the Waukesha County Fair Association has stated.

Name of representative – Printed

Signature of representative

Date

The above vendor has been accepted to participate in the Farmers Market of the 2024 Waukesha County Fair, to be conducted at the Waukesha County Exposition Grounds, 1000 Northview Road, in Waukesha, Wisconsin 53188, opening at noon, July 17th and July 18th running through 5 PM.

Date Accepted: _____

Accepted and Approved By: _____
Representative for Waukesha County Fair

Fee is \$40 per 10' space per single day or \$60 for both days. Additional 10' space for additional \$40.

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

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 DISCOVER

Expiration _____ Zip Code: _____ Security Code: _____