

MERCED COUNTY FAIR, JUNE 8 – 12, 2022

COMMERCIAL SPACE APPLICATION

This application is NOT a contract and does NOT guarantee space for the Fair. All information must be completed and returned with your check for space, before a contract can be prepared and mailed.

All Commercial Exhibitors must provide liability insurance, or can purchase through the Fair Office

We look forward to your participation in the Merced County Fair

Please Print Clearly

Company or Organization: _____

Authorized Rep _____ Returning vendor? Yes ___ No ___ WFA Member? Yes ___ No ___

CA State Board of Equalization Seller's Permit No: (Must be posted at your booth) _____

Name of on-site representative _____

(Make sure representative attending the fair is familiar with attached general conditions for commercial exhibitors)

Phone: () _____ cell () _____ fax () _____

Mailing Address: _____ City: _____ State _____ Zip _____

Email: _____ Website _____

Type of Products or Service: List all products sold at booth. Include a picture of your booth setup, brochures and brand names. Any food or drink sold or samples given, requires a health permit through Merced County. Call Fair Office for more information.

Electricity: one 110-volt, 5-amp, 600-watt outlet is provided with the space. Additional power requirement fees will be determined by need and availability. Electric requirements _____

Indoor Commercial Space Rates

10 ft x 10 ft in-line space \$450. 10 ft x 10 ft corner space inside \$500.

If you sell any product at your booth, there is an additional fee of \$50.00 "Information Only" spaces are restricted to in-line space only.

See map on reverse side for booth/space location. 1st choice _____ 2nd choice _____ 3rd choice _____ Fair will try to honor requests if possible.

Outdoor Commercial Space Rates

10 ft x 10 ft \$600.00 (plus \$50.00 selling fee, if applicable) Limited 10x10 outdoor space available.

Form of Payment: Indicate total payment and forward check or credit card information to Merced County Fair with application.

Total amount enclosed \$ _____ Check No. _____ Visa/MasterCard No. _____

Name on card: _____ Expiration Date _____

(credit card number/expiration date/billing address are needed to complete charge payments)

The above-named business/organization agrees the information provided is correct and complete.

Signature: _____

Date: _____

PLEASE SEND APPLICATION & PAYMENT TO:

MERCED COUNTY FAIR
900 MARTIN LUTHER KING, JR. WAY
MERCED, CA 95341

Call or email with any questions; (209)722-1507 or alma.mendoza@countyofmerced.com