

**APPLICATION
FOR CONCESSION LOCATION
2020 YORK STATE FAIR
JULY 24TH thru AUGUST 2ND, 2020**

DATE OF APPLICATION: _____ PRODUCT/SERVICE: _____

COMPANY NAME: _____

STREET ADDRESS/PO BOX #: _____ Email: _____

_____ CITY STATE ZIP CODE

COMPANY OWNER: _____ SIGNATURE: _____

PHONE NO.: _____ FAX NO.: _____
(AREA CODE) (AREA CODE)

CELL PHONE NO.: _____ PA SALES TAX NO.: _____

SPACE REQUIRED AND USAGE: [] INDOOR [] OUTDOOR [] ELECTRIC [] WATER
FRONT FOOTAGE _____ DEPTH _____

DESCRIBE IN DETAIL MERCHANDISE / SERVICE:

DIRECT SELLING: [] YES [] NO

DESCRIPTION OF DISPLAY: _____

HAVE YOU PREVIOUSLY PARTICIPATED IN THE YORK FAIR:
[] YES [] NO

LIST OF FAIRS OR EXHIBITIONS IN WHICH YOU HAVE
PARTICIPATED: _____

FOR OFFICE USE ONLY

Product: [] Food [] Mdse. [] Display [] Excl.
Location - Code, Space # _____
Road/Area/Bldg: _____
Footage/Space Size: _____
Footage Rental Amt. \$ _____
Electric Hook-up \$ _____
Insurance Deposit \$ _____
Trailer Deposit \$ _____
Total Contract Amt. \$ _____
Initial Deposit Collected \$ _____
Remaining Bal. Due \$ _____

- * **PLEASE INCLUDE PHOTO OF YOUR DISPLAY.**
- * **IF YOU HAVE A TRAILER, HITCH MUST BE INCLUDED IN FRONTAGE.**
- * **UTILITY HOOK-UPS AND USAGES ARE ADDITIONAL CHARGES, NATIONAL ELECTRICAL CODE COMPLIANCE.**
- * **GOLF CARTS MUST DISPLAY A PERMIT AVAILABLE AT THE CONCESSIONS OFFICE.**
- * **PUBLIC LIABILITY & PROPERTY DAMAGE INSURANCE WITH LIMITS OF \$1,000,000 PER OCCURRENCE FOR BODILY INJURY, PROPERTY DAMAGE AND PRODUCTS COVERAGE IS REQUIRED AND MUST BE INCLUDED. THE YORK CO. AG. SOC. MUST BE NAMED ON THE INSURANCE CERTIFICATE AS ADD'L INSURED.**
- * **COMPLETING THIS APPLICATION DOES NOT GUARANTEE YOU A LOCATION AT THE YORK STATE FAIR.**

MAIL TO: CONCESSIONS COORDINATOR
YORK STATE FAIR
334 CARLISLE AVE.
YORK, PA 17404-3204

Received By

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