

# ORLEANS COUNTY FAIR ASSOCIATION

P.O. Box 580 Barton, VT 05822 (802)-673-5588 [www.orleanscountyfair.net](http://www.orleanscountyfair.net)

## **FLORAL HALL CONCESSION/EXHIBITOR CONTRACT**

**Dates of September 9<sup>th</sup> through September 11<sup>th</sup> 2022**

***(Applications are Accepted on a first come first serve Basis)***

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_

Phone Cell \_\_\_\_\_ Phone Home \_\_\_\_\_

Preferred Method of contact: Circle one: ----- **Home Phone**----- Cell **Phone**-----**Texting**,

VT Sales & Use Rooms & Meal Tax Certificate Number: \_\_\_\_\_

List of items you will be selling Please be specific. \_\_\_\_\_

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### **Space Choice**

**(Choose One)**

10 x10 space with a table and chairs.                      **\$50.00**                      \$ \_\_\_\_\_

20 x 10 Space with tables and chairs.                      **\$100.00**                      \$ \_\_\_\_\_

**(Additional Must choose one)**

Concessionaire providing us private Minimum Million Dollar Insurance Liability **\$0.00**                      \$ \_\_\_\_\_

Concessionaire without private insurance add **\$10.00** to total to be covered                      **\$10.00**                      \$ \_\_\_\_\_

under the fairs insurance policy

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### **Passes for helpers/ Cars**

**What is included:** Exhibitors will receive a vendor car pass, **that will cover 2 people max in the car.**

**(Additional Passes)**

Five Day season Pass **\$30.00**                      Number of tickets wanted \_\_\_\_\_ x **\$30.00=**                      \$ \_\_\_\_\_

One Day Pas    **\$7.00**                      Number of tickets wanted \_\_\_\_\_ x **\$7.00=**                      \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

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## **FLORAL HALL CONCESSION/EXHIBITOR CONTRACT**

**Camping** – There is camping available. – See the camping forms on website!

**Payments**- MAKE CHECKS PAYABLE TO: OCFA

MAIL W/ COMPLETED CONTRACT AND MONEY Too--- P.O. Box 580 Barton, VT 05822

Your spot will be held with payment! This is based on a first come understanding!

### **Important Notes-**

-No Exclusive Rights Granted\* Items to be sold or advertised must be listed (only those specifically listed will be permitted).

-Vendor Superintendent has sole right to limit items which may be sold or displayed by any vendor.

- All Displays and Merchandise are left at your own risk. OCFA does not assume responsibility for any loss or damage. We do have limited security on the grounds.

-You **MUST** check in with vendor manager before setting up. ALL Concessions & Displays **MUST** be in place by **10am Opening Day** and shall remain in place **until 6pm Sunday**.

- vendors can begin setting up at 7 AM Opening day

-Booth must be vacated by 5pm Monday, September 13 & left in clean condition.

**-Floral Hall is open 10am-9pm Friday-Sunday. ~ No Exceptions.**

-The small door of Floral Hall will be open & monitored for Vendors only at 9am each day, the overhead doors will be locked at 9pm and the building closed by 9:30pm.

-Set-ups can be arranged by appointment) Reservations accepted on first come, first served basis and only with fully paid, signed contract and proof of Insurance.

- No concessionaire activity shall interfere with the display of any other concessionaire.

- No one is permitted to sublet or transfer the whole or any part of the space rented to him/her.

**-There is no parking at floral hall during the fair**, you may drop off at the building before 9:30 am-

-All cars must be moved to designate parking areas by 9:30 am or they will be towed at the owners' expense.

-If you need assistance during the week of the fair please stop at the office located at the Main Gate.

**Any further questions** can be directed to

Lori Wells: (802)673-5588

Shelia Martin: [ocftres@gmail.com](mailto:ocftres@gmail.com)

Amanda Letourneau 802-274-9577

I have read, understand and agree to the above contract & its conditions

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only:

Date Received \_\_\_\_\_

Copy Of Insurance if Available \_\_\_\_\_

Check Number \_\_\_\_\_

Check Amount \_\_\_\_\_

Contract Complete \_\_\_\_\_ Initial from OCF STAFF

Space Number:

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