

The Genesee County Agricultural Society presents

The Genesee County Fair July 20th—27th 2024

FOOD VENDOR CONTRACT

Company Name to be listed:	NYS Tax ID No.:
Contact Person:	
Address:	
Town/City:	State:Zip Code:
Phone Number:Fax:	Email Address:
Website:	
Please list the goods, services, attractions you will l	be exhibiting:
	·
Please list any special conditions:	
Indoor Space	Outdoor Space
Spaces are 10ft. X 10ft. for \$200 A single standard 110v electric receptacle is in # of spaces requested: X \$200 = \$	Spaces are sold in frontage Increments. Each frontage foot is \$20
•	ETION OF FAIR MANAGEMENT AND ARE NOT NEGOTIABLE
Tents (NO hook-ups) - \$7521ft. & Under (Includes basic water and electri	mping Available# of spaces requested:X \$75 = \$ ic) - \$250 # of spaces requested:X \$250 = \$ \$300# of spaces requested:X \$300 = \$
Perf	formance Deposit
All exhibitors are required to submit a perform close of Fair on Saturday if your booth rem	mance deposit of \$100.00 which will be returned to you at the ains intact until 10pm. Anyone who leaves before this time at the performance deposit.
Subtotal of above contract fees: \$	Please mail contract & payment to:
Performance Fee:\$100.00	Rose Topolski
,	8 Wilson St. LeRoy, NY 14482
Total DUE NOW:\$\$	Questions??? (585) 356-9051 or rtopolski@me.com PLEASE MAKE CHECK PAYABLE TO GCAS
Exhibitor Name (Printed)):
Signature of Exhibitor:	Date:

FOOD VENDOR CHECKLIST:	
All items should be sent to the Fair as soon as possible, and must be received prior to set-up.	
Signed Contract	
All Fees including Performance Deposit	
Rules and Regulations Acknowledgement (Contract is not valid unless acknowledgement is signed)	
Tax ID Number	
Certificate of Insurance naming Genesee County Agricultural Society & Genesee County Fair as additionally insured	
Workers' Compensation Form	
Retain a copy of the contract and all documents for your records	
Any questions or concerns may be addressed by calling Rose Topolski at (585) 356-9051 or by e-mail at rtopolski@me.com We look forward to working with you. See you at the Fair!	
Food Vendor Rules and Regulations Acknowledgement :	
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Please mail this form along with payment and insurance info to:

Rose Topolski 8 Wilson St. LeRoy, NY 14482

PLEASE MAKE CHECKS PAYABLE TO GCAS