



## NEVADA COUNTY FAIR VENDOR RATES

2009 Nevada County Fair will be August 12 – 16

Include a picture of your booth with your application

### INSIDE RATES

#### Nevada County Business & Residents

Display - 9'8" w x 10' d \$520  
Sales - 9'8" w x 10' d \$420 or 15% of gross,  
whichever is greater +\$100

#### Out of County

Display - 9'8" w x 10' d \$625  
Sales - 9'8" w x 10' d \$525 or 20% of gross,  
whichever is greater +\$100

### OUTSIDE RATES

#### Nevada County Business & Residents

Display – 10' w x 10' d \$470  
Sales – 10' w x 10' d \$370 or 15% of gross,  
whichever is greater +\$100

#### Out of County

Display – 10' w x 10' d \$575  
Sales – 10 w x 10' d \$475 or 20% of gross,  
whichever is greater +\$100

**A CERTIFICATE OF INSURANCE IS REQUIRED** in the amount of \$1,000,000.00 for each occurrence if you receive a contract. The certificate shall set forth:

1. Name as additional insured (*Wording must remain exactly as follows*):

**That the State of California, the 17<sup>th</sup> District Agricultural Association, Nevada County Fair, Nevada County, their directors, officers, agents, and employees are made additional insured, but only insofar as the operation under this contract are concerned**

2. The dates of **inception and expiration** of the insurance
3. A statement by the insurance company that it **will not cancel or reduce the limits or coverage of said policy or policies without giving 30 days prior written notice** to the named insured for Fair Time use



For Office Use Only	
Location	_____
Space#	_____
Fees	_____
Contract	_____

**NEVADA COUNTY FAIR  
VENDOR APPLICATION**

**AUGUST 12 - 16, 2009**

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Booth: Inside Display \_\_\_\_ Outside Display \_\_\_\_ Inside Sales \_\_\_\_ Outside Sales \_\_\_\_

Space Size Requested \_\_\_\_\_ Electrical Requirements \_\_\_\_\_

State Board of Equalization Permit Number: \_\_\_\_\_  
(916) 227-6702

Nevada County Health Permit Number \_\_\_\_\_  
(530) 265-1753

WE HAVE OUR OWN INSURANCE \_\_\_\_ WE WILL PURCHASE INSURANCE \_\_\_\_

List all items to be sold (use additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature