



February 18, 2010

Dear Vendor,

Thank you for your interest in the Nevada County Fair. Our 2010 Fair is to be held August 11 through 15. Please fill out the attached application form completely and return it to us at the below address.

A current California Sales Tax ID Number is mandatory if you wish to sell at the Fair. Please call the **California State Board of Equalization at (916) 227-6700** for more information. A Nevada County Health permit is required if you distribute samples of or sell food. The **County Department of Environmental Health phone number is (530) 265-1530**.

Liability Insurance in the amount of \$1,000,000.00 (each occurrence) effective for the dates of the event is required. Proof of Insurance will be required to be in our office no later than June 30, 2010. If not, we will include the cost of insurance with your booth deposit fees

Sincerely,

Bob Smearden  
Concessions Manager

# NEVADA COUNTY FAIR VENDOR RATES



2010 Nevada County Fair will be August 11 – 15

Include a picture of your booth with your application

## INSIDE RATES

### Nevada County Businesses & Residents

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

OR

\$875.00 Flat Fee (FF)  
(For Selected Vendors)

Display - 9'8" w x 10' d \$520

### Out of County

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

OR

\$900.00 Flat Fee (FF)  
(For Selected Vendors)

Display - 9'8" w x 10' d \$625

## OUTSIDE RATES

### Nevada County Businesses & Residents

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

OR

\$875.00 Flat Fee (FF)  
(For Selected Vendors)

Display – 10' w x 10' d \$470

### Out of County

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

OR

\$900.00 Flat Fee (FF)  
(For Selected Vendors)

Display – 10' w x 10' d \$575

**The “percentage of gross” option REQUIRES  
daily reconciliation  
backed up by cash register receipts and reports.  
Please see the attached sheet for explanation of this process.**

**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.

**mailing address** 17<sup>th</sup> District Agricultural Association, PO Box 2687, Grass Valley, CA 95945  
**phone** 530-273-6217 **fax** 530-273-1146 **web** www.nevadacountyfair.com **email** info@nevadacountyfair.com



## Percentage Based Vendors Cash Register Procedure

1. All sales must be entered on cash registers.
2. Cash Register capabilities must include:
  - a. Continuous grand total
  - b. Z Report
  - c. X Report
  - d. 30 day battery backup
  - e. Current date printed on detail tape
  - f. Consecutive transaction number
  - g. Readable tape
  - h. Dual tape
3. Proper maintenance of the cash register is the responsibility of the individual vendor organization.
4. Cash register malfunctions must be reported to the Fair Management and resolved immediately.
5. It is the responsibility of each vendor to instruct their employees of this cash register procedure.
6. Cash register drawers must be closed following each sale; continuously open cash drawers are prohibited.
7. The use of a cash box separate from the cash register is prohibited.
8. The cash register must be accessible to the Fair's auditors.
9. Over-rings, under-rings, or any type of void sale must be clearly identified; the error must be circled and initialed and the date recorded on all tapes.
10. A beginning "Z" report must be presented upon check-in before booth set-up.
11. A register "Z" report, register tape and Vendor Concessions Report must be turned in to the Fair Administration Office by 10 am each next day.
12. The final Vendor Concession Report must be turned in by 5 pm the Monday following the Fair.

For Office Use Only

Location \_\_\_\_\_

Space# \_\_\_\_\_

Fees \_\_\_\_\_

Contract \_\_\_\_\_



# NEVADA COUNTY FAIR VENDOR APPLICATION

## AUGUST 11 - 15, 2010

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

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

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

State Board of Equalization Permit Number: \_\_\_\_\_  
(916) 227-6700

Nevada County Health Permit Number \_\_\_\_\_  
(530) 265-1530

WE HAVE OUR OWN INSURANCE  WE WILL PURCHASE INSURANCE

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

**Please Send NO Money At This Time**

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