



2010 Washington County Fair Commercial Vendor Packet

Celebrating 152 years - July 20 to 25, 2010!

The following is a description of the enclosed vendor information and forms. Please follow all instructions. Any questions please call (262) 677-5060.

FAIR VENDOR INFORMATION: All of our policies are fully outlined in the enclosed Fair Vendor Policies, Procedures & Regulations brochure. Please read it carefully. *There is a sign-off section on your Reservation Form, stating that you have read and will adhere to the policies.*

RESERVATION FORM: The Washington County Fair Park has outside individual exhibitor tents, inside commercial building space, as well as outside space available for Vendors. Please complete the enclosed Vendor Reservation Form and return as soon as possible to reserve your space. Each reservation shall be treated on a space availability basis.

ZIEGLER FAMILY EXPO CENTER: All inside commercial space will be available in the Ziegler Family Expo Center. Hours of the building will be:
Tuesday, 5:00 to 10:00 p.m.
Wednesday – Saturday, 10:00 a.m. to 10:00 p.m.
Sunday, 10:00 a.m. to 8:00 p.m.

PAYMENTS: Please enclose **two separate checks** made payable to: Washington County Fair
\$125 (your space down payment)
\$100 (a refundable deposit)

CAMPING: Overnight camping on the grounds is available on a limited basis (no tent camping is allowed). If you desire camping, please fill out the enclosed form. Camping prices are \$25.00/night (includes water and electricity). Camping spaces will be assigned on a first come first served basis. We must receive your reservation and full payment to reserve your space. [Sites are limited to one camper and one vehicle.](#)

ADMISSION PASSES: Vendors will **receive two complimentary season passes** with each rental space for the Fair. Additional passes are available; daily passes are \$7.00 and season passes are \$24.00 each. Please fill out the enclosed order form for Fair Admission Passes needed and return with full payment. Passes will **NOT** be mailed to vendors. All passes will be available for pick up at the Fair Park Office on Monday, July 19th from 8:00 a.m. to 6:00 p.m., Tuesday, July 20th after 8:00 a.m. and throughout the Fair.

SELLER PERMIT (S-240): All Vendors **must** complete the enclosed Wisconsin Temporary Event Operator and Seller Information Form. If vendor is not selling items please check display only.

CERTIFICATE OF LIABILITY INSURANCE: All vendors **must** submit a copy of Certificate of Insurance for general liability with limits of \$1 million, naming the Washington County Fair, the Ag & Industrial Society and the Washington County Park named as additional insured.

MANDATORY RECYCLE FEE: A mandatory \$20.00 Recycle Fee will be charged to all Commercial Vendors.



WASHINGTON COUNTY
FAIR PARK

3000 Hwy. PV
West Bend, WI 53095

Phone: 262-677-5060
Fax: 262-677-5070
TF: 1-877-677-5060

E-mail: slang@wcfairpark.com
www.wcfairpark.com

2010 COMMERCIAL VENDOR SPACE RESERVATION FORM

July 20-25, 2010



Business Name: _____ Returning Vendor New Vendor

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Product/display description: _____

I, _____

(Print your name here)

have read the Fair Vendor Policies, Procedures & Regulations brochure and agree to the policies, procedures and regulations set forth in this booklet. I understand that violation of any of these policies will result in my removal from the Washington County Fair.

(Signature) (Date)

MANDATORY RECYCLING FEE

\$20.00

OUTSIDE INDIVIDUAL EXHIBITOR TENTS (Includes tent set-up and tent lighting only)

____ # 10 x 10 = \$580.00 ____ 15 x 15 = \$780.00 ____ # 20 x 20 = \$985.00

____ #30 x 60 = \$1,685.00 ____ Other: _____

Additional Electric Available: ____ 20 amp = \$25.00 per outlet

ZIEGLER FAMILY EXPO CENTER – fully air conditioned, locked and secured - (19,028 sq. ft.) with a maximum of 100 10x10 spaces

Each 10 x 10 space = \$450.00 ____ # of 10 x 10 spaces needed

Electric Available: ____ 20 amp = \$25.00 per outlet

OUTSIDE SPACE (no tent or electric provided)

____ Front footage required @ \$35.00 per foot ____ depth required

Additional Electric Hook-up Available: ____ 20 amp = \$120.00 ____ 30 amp = \$150.00

IMPLEMENT DEALERS

____ \$150.00 each (25 x 25 lot) Electric Available: ____ 20 amp = \$120.00 ____ 30 amp = \$150.00

CAR DEALERS

____ \$300.00 each (25 x 25 lot) Electric Available: ____ 20 amp = \$120.00 ____ 30 amp = \$150.00

PLEASE ENCLOSE THIS FORM AND PAYMENT FOR YOUR RESERVATION.

**PLEASE MAKE CHECK PAYABLE TO:
Washington County Fair**

ADMISSION PASS ORDER FORM



Business: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

You will receive **TWO** complimentary season vendor passes for each paid vendor space. Any additional passes needed, can be purchased at the time of pick-up. **YOUR TWO COMPLIMENTARY SEASON WRISTBANDS, OR ANY ADDITIONAL WRISTBANDS, WILL NOT BE MAILED TO YOU.** Wristbands will be reserved under your business name and will be available for pick-up in the Fair Park Office Monday from 8:00a.m. – 6:00 p.m. and Tuesday after 8:00 a.m.

EMPLOYEES MUST SIGN FOR PASSES! Employees **must have a wristband on at all times during the Fair.** Please distribute wristbands to your employees before they enter the Fair Grounds.

DAILY VENDOR PASSES ARE \$7.00/EACH

SEASON VENDOR PASSES ARE \$25.00/EACH

Number of Day Passes: _____ x \$ 7.00 = _____

Number of Season Passes: _____ x \$25.00 = _____

TOTAL AMOUNT DUE: \$ _____

PLEASE ENCLOSE THIS FORM AND PAYMENT WITH YOUR CONTRACT.

**PLEASE MAKE CHECK PAYABLE TO:
Washington County Fair
3000 Hwy. PV, West Bend, WI 53095**

CAMPING RESERVATION FORM



Business: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

License Plate Number: _____

Make/Model of Camper: _____

Make/Model of Vehicle: _____

FEE: \$25.00/NIGHT
(Includes Water & Electric)

Dates of Camping required _____

Total Number of Nights: _____ x \$25.00

Total Camping Fees = \$ _____

PLEASE ENCLOSE THIS FORM AND PAYMENT WITH YOUR CONTRACT.

**PLEASE MAKE CHECK PAYABLE TO:
Washington County Fair
3000 Hwy. PV, West Bend, WI 53095**

SELLER PERMIT (S-240)



Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event
	1. Name of Temporary Event <u>Washington County Fair</u>
	2. Date(s) of Temporary Event <u>July 20 - 25, 2010</u>
	3. Location of Temporary Event (e.g., Venue, City) <u>West Bend, WI</u>
	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address <u>Washington County Ag and Industrial Society</u> <u>3000 Hwy. PV, West Bend, WI 53095</u>
	2. Daytime Telephone Number <u>(262) 677-5060</u>
	3. E-mail Address <u>dhoeffert@wcfairpark.com</u>
	4. Wisconsin Tax Account Number <u>0 0 4 - 0 0 0 0 4 8 0 0 8 7 - 0 1</u> If blank, check appropriate box: <input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input checked="" type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other – Explain: _____
	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.
THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS	
1. Legal Name _____	
2. Business Name _____	
3. Address (Street or Route) _____	
4. City, State and Zip Code _____	
5. Home Telephone Number () _____ Business Telephone Number () _____	
6. Wisconsin Tax Account Number _____ - _____ - _____	
7. Social Security Number _____ - _____ - _____	
8. Federal Identification Number (FEIN) _____ - _____	
9. Check one box indicating the type of activity you intend to engage in at this event: <input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only <input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization	

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____ Date: _____

Information about temporary events, including forms, instructions and FAQ's can be found on the Department of Revenue's website at www.revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by e-mail at tempevtprg@dor.state.wi.us or telephone at (920) 832-2910. See reverse side for submission instructions.

PLEASE ENCLOSE THIS FORM WITH YOUR CONTRACT.

**Washington County Fair
3000 Hwy. PV, West Bend, WI 53095**

CERTIFICATE OF INSURANCE



All vendors **must** submit a copy of Certificate of Insurance for general liability with limits of **\$1 million**, naming the Washington County Fair, the Ag & Industrial Society and the Washington County Park, 3000 Hwy PV, West Bend, WI 53095 named as additional insured. You will need to contact your insurance carrier to request the Certificate.

The **copy of Insurance is required to be mailed or Faxed (262-677-5070) thirty days prior to the Fair**. Vendors' set-up will not be allowed until the Certificate of Insurance has been filed and acknowledged by the Fair Park Office.

Sample