



February 16, 2009

Dear Prospective Washington County Fair Vendor:

The 2009 Washington County Fair is scheduled for July 21-26, 2009.

Enclosed is your Vendor Packet and Instructions. In order to reserve your space, please complete as soon as possible and return to:

Washington County Fair
3000 Hwy PV
West Bend WI 53095

Each reservation shall be treated on a space availability basis.

Upon receipt of your paperwork, a contract will be produced and mailed to you. FULL payment is due by Monday, June 29, 2009. **Please carefully read over the policies and procedures which must be strictly adhered to by all vendors.**

Thank you for your support of the Washington County Fair. I look forward to working with you in 2009.

Sincerely,

Sandy Lang
Fair Manager

SL/js
Enclosures (2)



2009 Commercial Vendor Packet

3000 Hwy PV, West Bend WI 53095

PH: 262-677-5060 or 877-677-5060

FAX: 262-677-5070

www.wcfairpark.com

July 21 – 26, 2009

2009 WASHINGTON COUNTY FAIR COMMERCIAL VENDOR PACKET

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 Information. Please read it carefully, **sign the last page, and return it with the reservation form.**

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. **The first "round" of reservations is due by February 13, 2009.**

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 the 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 \$6.00 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 20th from 8:00 a.m. to 6:00 p.m., Tuesday, July 21st 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.

2009 COMMERCIAL VENDOR SPACE RESERVATION FORM

Business Name: _____ Returning Vendor New Vendor

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Product/display description: _____

• **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 = \$400.00 ____ # 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 ADDITONAL 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. – 6:00p.m. and Tuesday after 8:00a.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 \$6.00/EACH

SEASON VENDOR PASSES ARE \$24.00/EACH

Number of Day Passes: _____ x \$ 6.00 = _____

Number of Season Passes: _____ x \$24.00 = _____

TOTAL AMOUNT DUE: \$ _____

PLEASE ENCLOSE THIS FORM AND PAYMENT WITH YOUR CONTRACT.

PLEASE MAKE CHECK PAYABLE TO:

Washington County Fair

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

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, 3000 Hwy PV, West Bend, WI 53095 named as additional insured.

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 Office.

ACORD - CERTIFICATE OF LIABILITY INSURANCE				THIS FORM IS STATE	
INSURER WYERS-BRIDGES AND CO., INC. 135 SOUTH WACKER DRIVE SUITE 1999 CHICAGO, IL 60606		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
YOUR COMPANY NAME YOUR STREET ADDRESS CITY, STATE, ZIP		INSURERS AFFORDING COVERAGE GROUP A: WYERS-BRIDGES AND CO./CHIEF GROUP B: FEDERAL TRS./CHIEF GROUP C: GROUP D: GROUP E:			
COVERAGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. WORDS AND LIMITS SHOWN MAY HAVE BEEN AMENDED BY HAND WRITING.					
CLASS	TYPE OF INSURANCE	POLICY NUMBER	START DATE/PERIOD	END DATE/PERIOD	AMOUNT
A	GENERAL LIABILITY	1814547490	01/01/2004	01/01/2004	AUTO ACCIDENTS \$ 1,000,000 BODILY INJURY \$ 1,000,000 PRODUCTS/COMPLETED OPERATIONS \$ 1,000,000 PERSONAL AND ADVERTISING \$ 1,000,000 MEDICAL EXPENSES \$ 200,000 PRODUCTS/COMPLETED OPERATIONS \$ 200,000
B	RETROACTIVE LIABILITY		01/01/2004		GENERAL RETROACTIVE \$ 1,000,000 BODILY INJURY \$ PRODUCTS/COMPLETED OPERATIONS \$ PERSONAL AND ADVERTISING \$ MEDICAL EXPENSES \$ PRODUCTS/COMPLETED OPERATIONS \$
B	EXCESS	1814547490	01/01/2004	01/01/2004	AUTO ACCIDENTS \$ 500,000 BODILY INJURY \$ 500,000 PRODUCTS/COMPLETED OPERATIONS \$ PERSONAL AND ADVERTISING \$ MEDICAL EXPENSES \$
B	EMPLOYERS LIABILITY	1814547490	01/01/2004	01/01/2004	EMPLOYERS LIABILITY \$ 1,000,000 BODILY INJURY \$ 1,000,000 PRODUCTS/COMPLETED OPERATIONS \$ 1,000,000
A	OTHER	1814547490	01/01/2004	01/01/2004	BILLET SHORT TERM \$175,000 AC SPECIAL FORM \$1,000,000
DESCRIPTION OF OPERATIONS, OCCUPATIONS AND USES: SEE POLICY OR CONTACT YOUR AGENT FOR FURTHER INFORMATION.					
THIS CERTIFICATE HOLDER IS ADDITIONAL INSURED REGARDING GENERAL LIABILITY AND LOSS PAYEE REGARDING MISCELLANEOUS RENTED EQUIPMENT.					
CERTIFICATE HOLDER CHICAGO 92 CORP. 451 N. ONTARIO ST., ST. 225 CHICAGO, IL 60610		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE AGENT HEREBY WAIVES HER RESPONSIBILITY TO MAIL 30 DAYS ADVANCE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILING TO DO SO SHALL INCURE NO OBLIGATION OR LIABILITY ON ANY ONE UNDER THE TERMS OF ANY OF THE POLICIES DESCRIBED HEREIN.			
AUTHORIZED REPRESENTATIVE		YOUR SIGNATURE			
ACORD 25-01 (7/97)		ACORD CORPORATION 1998			

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 21-26, 2009</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</u>) <u>677-5060</u>
	3. E-mail Address <u>dhoefert@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: _____
S E L L E R	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 tempvtprg@dor.state.wi.us or telephone at (920) 832-2910. See reverse side for submission instructions.

PLEASE ENCLOSE THIS FORM WITH YOUR CONTRACT.