



2024 CONCESSIONAIRE APPLICATION

Email Completed Application to: concessionaire@santacruzcountyfair.com

2024 Fair Dates: September 11th – September 15th

Company/Business Name: _____ Contact Name: _____

Email: _____ Business Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

CA Board of Equalization # (Required): _____

Federal Tax ID #: _____

CFSA Insurance: _____

Are you a WFA Member Yes _____ No _____

Concession Stand Requirements:

Dimensions should be measured in the ready to serve position, with awnings open

Dimensions _____

Picture of Booth

Menu(required)

RV/Stock Truck Requirements:

RV (dry) - \$200/week: _____ RV (hook-ups) - \$350/week: _____ Stock Truck (no charge): _____

Would you like to purchase CFSA Insurance for \$145(insurance is required) yes _____ No _____

General Liability Insurance: Each exhibitor must provide the Santa Cruz County Fair with proof of general liability insurance of no less than \$1,000,000.00.

My own carrier; Carrier Name & Policy #: _____

WFA Master List – CFSA #: _____; Expiration Date: _____

Name policy is under: _____

Purchase Insurance through Fair Services Authority (\$145) _____

References:

List any fairs, festivals or events and their respective dates. Include a photograph of your booth.

This section is not required for returning vendors.
