

Cass County Fair
Po Box 56
Cassopolis, MI 49031
Fax: 269-445-8706
Email: casscountyfair@gmail.com



APPLICATION FOR COMMERCIAL DISPLAY SPACE

Please Print All Information

Name of Organization /Company: _____
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

DISPLAY SPACE REQUESTED:

Inside Exhibit Building: 8X10 space _____ grandstand
10x8 space _____ commercial
Outside Exhibit Space: 25x25 space _____
Tent Rental: _____yes _____no Tent Size: _____ x _____
Electrical Plug ins: Amps needed: _____
Stock Truck Parking: _____ yes _____ no

PRODUCT: No application will be accepted unless complete list of every product you want to sell is listed or attached to application:

INSURANCE: Insurance is required to be an exhibitor or vendor at the Cass County Fair.

Will you furnish your own liability insurance certificate? _____ yes _____ no
(Must list the Cass County Fair as certificate holder.)

Will you purchase insurance through the Space Manager's Office? ___ yes ___no
(Food vendor = \$100 Non-food vendor = \$50)

CAMPING: Do you require camping? _____ yes _____ no

I hereby request display space as indicated above. I further agree to comply with all the rules and regulations of the Fair for display space.

Duly Authorized Agent: _____ Date: _____

NOTE: Receipt of this application does not insure display space will be available for the coming year.

" THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"