

UPPER PENINSULA STATE FAIR AUTHORITY

230 Ludington Street

Escanaba, MI 49829

(906) 786-2192

VENDOR APPLICATION AND CONTRACT

Name of Organization _____

Name of Contact _____

Address _____

Phone _____ Fax _____

Email Address _____

Federal I.D. _____

Name of Event _____

Date(s) of Event _____

Time(s) of Event _____

Expected Attendance _____

Vendor Requirements:

Please check one of the following options. I intend to serve _____ or sell _____ alcohol?

Facility/Building(s) _____

Set-Up Time Needed _____

Additional Equipment _____

Please list products/services to be offered under the terms of application: _____

Additional Services Requested: Set-up _____ Clean-up _____ Fork Lift _____

Indicate Electrical Needs & Number of Outlets: 110 _____ 220 _____ Overhead _____



INSURANCE: Public liability insurance of \$1,000,000 is required of all vendors. Insurance must be secured from companies qualified and authorized to do business in Michigan. You may secure the required insurance from any company you wish as long as the insurance requirements are met. Include as additional insured – “Upper Peninsula State Fair Authority and its Management Agent”. This ***must be on*** the certificate of insurance, a copy of which must be submitted to the Upper Peninsula State Fair office prior to event. Insurance can be secured through the UP State Fair’s Insurance agent, Haas and Wilkerson, for a fee, which is paid directly to them. Please see the information enclosed. Proof of public liability insurance must be on file with the UP State Fair Authority prior to set-up.

DEPOSIT: The Upper Peninsula State Fair requires a deposit of \$100.00 for all contracts. Remaining balance as identified on the facilities fee form must be paid before set-up.

TERMS: UP State Fair Authority shall retain control over all portions of the premises, including that occupied by the vendor and shall have access at all times to the space allocated to the vendor.

Vendor must comply with all State and local licensing requirements including health codes and submit copies of all approvals to the UP State Fair Authority before participation in the above mentioned activity.

Vendor Signature: _____ Date: _____

Approved by:

UP State Fair Authority Mgmt. Agent Signature: _____ Date: _____

Please complete the entire application, sign and return to:

**UP State Fair Authority
230 Ludington Street
Escanaba, MI 49829
Fax: 906-786-8830**