



NEWAYGO COUNTY AGRICULTURAL FAIR ASSOCIATION VENDOR AGREEMENT

This document sets forth the agreement between the Newaygo County Agricultural Fair Association and Vendor _____ for the following date(s): _____.

Terms:

- \$15.00 per booth per day or \$100 for week
- Non-profit pricing: \$7.50 per booth per day or \$50 for week **Must provide proof of non-profit id.**
- If your booth is set up yet unattended you will still be charged for the day.
- 50% of rental fee is required to reserve your rental space and must be received by July 1st.
- Final payment is due by August 1st.
- Payment is non-refundable in the event of cancellation.
- Vendor is responsible for all clean-up and dispensing of garbage.
- Alcoholic beverages are not permitted on the grounds.
- The Fair Association is not responsible for theft, loss or injury on the grounds.
- The Fair Association does not provide any promotional assistance (signage, newspaper advertising, etc.) for your unit(s).
- Vendor shall not vend any goods or services other than those described below without prior consent from the NCAF.
- Vendor certifies that they hold the legal right for sale or resale of all goods and services.
- Vendor's vending station shall be no larger than 15x10 feet or taller than 10 feet; shall be clean and orderly; and shall comply with all applicable laws and regulations.
- Vendor's and their staff may promote their goods/services only within their designated area.
- Vendor's staff shall be appropriately clothed and groomed with respect to the youth in attendance.
- No loud music or excessive noise.
- The fairgrounds close daily and vendors shall leave the location clean of trash and substantially in the condition it was before the Vendor occupied it.
- The Newaygo County Agricultural Fair is not liable for any damages or claims that may arise in connection with Vendor's presence at the fair.

Information Regarding Vendor:

Contact Name: _____

Business/Company: _____

Address: _____

Phone: _____ E-mail: _____

Description of Vendor's booth/items selling: _____

Non-profit ID#: _____

Days Vendor will be set up, check all that apply: Sat ___ Sun ___ Mon ___ Tues ___

Wed ___ Thurs ___ Fri ___ Sat ___

Electric Needed: YES ___ NO ___

Total amount due for days checked: _____

In witness to their agreement to the terms of this contract, the parties affix their signatures and date below:

Vendor: _____ Date: _____

NCAFA: _____ Date: _____

***** FOR OFFICE USE ONLY *****

Date Paid		Payment Method	Cash	Check #
Receipt Given	Yes No	Initials		