SUWANNEE COUNTY FAIR

March 21st - March 29th 2025

OUTSIDE NON-FOOD COMMERCIAL EXHIBITORS' APPLICATION

NAME OF BUSINESS	FED.ID #		
NAME & TITLE OF APPLICANT	PH #() CEL #()		
MAILING ADDRESS			
TYPE OF EXHIBIT: (CHECK ONE)	стту Email Ad	STATE dress	ZIP
TENT APPLICATION	N WILL NOT BE ACCEPTED	D IF FEES ARE NOT	INCLUDED
TRAILER			
BRIEF DESCRIPTION OF EXHIBIT			
PLEASE ENCLOSE A PICTURE O	F YOUR DISPLAY OR STAN	ND WITH THIS APP	LICATION*
SIZE OF SPACE DESIRED		(12X12) \$360.00 (12X20) \$425.00 (20x20) \$525.00	
AMOUNT ENCLOSED	*** FEES FOR SPACES AR	E NOT REFUNDABLE ***	
****NO TELEPHONE OR FAXED ENTRIES WIL BOOTHS ARE FILLED ON A FIRST COME FIRS THIS APPLICATION IS CONFORMATION OF YO MAILED. SPACES WILL NOT BE RESERVED UP	T SERVE BASIS. OUR SPACE UNLESS OTHERWISE I	NOTIFIED. NO CONFORM	ATIONS WILL BE
EACH EXHIBITOR IS RESPONSIBLE FOR COVERI STORAGE AREA MUST BE SURROUNDED BY A F		UBBER MAT.	
WE AGREE TO FILL THE ASSIGNED SPACE BY 12 FAILURE TO DO SO WILL RESULT IN YOUR SPACE.			
WE FURTHER UNDERSTAND THAT NO PRODUCT BOOTH. YOU MAY, HOWEVER, HAVE A FREE DI			
PASSES WILL BE PROVIDED FOR TWO (2) EXHIB ADDITIONAL PASSES MAY BE PURCHASED THR EXHIBITORS MAY PARK IN THE NORTH OR SOU	OUGH THE FAIR OFFICE OR AT THE		
EVERY ARTICLE ON EXHIBIT SHALL BE AT ALL ASSOCIATION. EVERY PRECAUTION WILL BE TO ASSOCIATION WILL IN NO CASE BE RESPONSIBED OR REPRESENTATIVES. THE EXHIBITOR SHALL TO INDEMNIFY SAME FROM THE NEGLIGENCE REQUIRED THAT THE EXHIBITOR CARRY INSURA	AKEN FOR THE SAFE KEEPING OF SA LE FOR ANY LOSSES, DAMAGE, OR HOLD THE SUWANNEE COUNTY FA OR FAULT OF THE EXHIBITOR, HIS A	AME, BUT THE SUWANNE INJURIES TO THE EXHIBIT IR ASSOCIATION HARML	E COUNTY FAIR FOR, HIS AGENT, ESS AND AGREE
ALL DISPLAYS MUST BE SET UP IN A WAY AS N	OT TO BLOCK THE WALKWAYS OR	NEIGHBORING BOOTHS.	
PLEASE MAKE CHECKS PAYABLE TO: SUWANNEE COUNTY FAIR	SIGNATURE OF APPLICANT		
MAIL TO: SUWANNEE COUNTY FAIR BOOTHS P. O. BOX 266 LIVE OAK, FL 32064	TITLE		
	DATE		