



Winnebago County Fair Association (WCFA)

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Vendor Application

EARLY BIRD DEADLINE: JUNE 1

COVID-19 EXTENSION AUG. 5

PLEASE TYPE OR PRINT

Vendor Information

BUSINESS NAME:

CONTACT NAME:

PHONE: ()

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

VENDOR ID Number:
(Federal EIN or SSN)

I am a: New Vendor Returning Vendor

I am requesting the same location as last year: Yes No

All Vendors – You will complete your specific space/supply needs on back of form. If you have any LOCATION requests, please list them here: (near OR away from activities, by a specific vendor, etc):

WCFA will take the requests of vendors into consideration and make final decisions based on any applicable regulations, balancing the needs of ALL vendors and enhancing fairgoer's overall experience.

Office Use Only

Date Application Received:

Vendor Type:

Indoor Out/Food

Location Assigned:

Window Sticker:

INSURANCE: Vendors must provide their own liability insurance (\$1,000,000.00 minimum) listing the WCFA as an additional insured to participate in the Winnebago County Fair.

I have included copy of Insurance I will send copy of Insurance by ~~June 15~~ Aug. 5

Date Insurance Received:

W-9 Form (State of Wisconsin Requirement) Fillable form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

I have included my W-9 I will send my W-9 by ~~June 15~~ Aug. 5

Date W-9 Received:

PUBLICITY: The WCFA is expanding their marketing efforts. We would like to advertise your business in our materials/announcements as appropriate.

I do **NOT** want to be included in Fair Publicity Yes, please include me!

DO NOT PUBLICIZE

Notes on Publicity:

ITEMS FOR SALE/MENU Please attach a list of items (or menu) you plan to sell at County Fair.

WCFA reserves the right to choose final fair vendors based on items being sold.

I have included a copy of my "menu" I will send my "menu" by ~~June 15~~ Aug. 5

WEBSITE ADDRESS:

FACEBOOK ADDRESS:

BRIEF BIOGRAPHY: Please attach a brief biography to use for WCFA website/Facebook posts and PA announcements during fair. If you have photos/logos you would like used that are not available on your website/Facebook page, please email them to the WCFA.

A confirmation letter will be sent upon acceptance of your application with further event information including resources regarding regulation/licensing that may apply to your business. It is the Vendor's responsibility to know and adhere to all regulations/licensing applicable to their business and to follow all code, regulations & licensing applicable to the event (facility, city, county, state, etc). The WCFA provides info about regulations & licensing as it becomes available to WCFA. Vendors are expected to correct any concerns/violations that are found in relation to the event (i.e. inspections by regulatory authorities), and are responsible for any fines if incurred. Vendors who are not able to comply with regulations & licensing may be asked to leave the event. **Payment and participation in the event implies your consent to comply with WCFA guidance throughout the event.**

Vendor/Business Name: _____

Vendor Space & Supplies		
INSIDE BOOTH <i>Single booths are 10' x 10' are located in Air Conditioned Expo Building and include one 8' table and two chairs.</i>		Office Use Only Please Verify:
# of Single Booths (10' x 10'): _____ @ \$175/each	Total:	\$
# of Double Booths (10' x 20'): _____ @ \$340/each	Total:	\$
Electricity Required? ___ NO ___ YES (<i>Vendor provides cords</i>)		
Usage Fee: # of cords to be used: _____ @\$20/each	Total:	\$
OUTSIDE/FOOD VENDOR SPACE <i>Outdoor vendors must provide their own tents and covers</i>		
FOOD VENDORS: It is vendor's responsibility to obtain permits from Winnebago County Health Dept. https://www.co.winnebago.wi.us/health/units/environmental-health/food-safety-recreational-licensing		Notes/Follow-up:
<input type="checkbox"/> I understand garbage, gray water & grease MUST be disposed of in PROVIDED containers		
Type of Fire Extinguisher System Used: _____		
<input type="checkbox"/> I understand I must follow Oshkosh City Fire Code: https://www.ci.oshkosh.wi.us/fire/prevention.htm		
Frontage Length (in feet): _____ @\$25/foot	Total:	\$
<i>(Length includes: selling/signage space, tent tie downs & trailer hitches. Transportation vehicles must park in designated areas or be included in length fee)</i>		
Average Depth of Space provided is 10-15 feet. Contact WCFA to discuss different dimensions if needed. Longest dimensions will be used to calculate fees.		
Electricity Required? ___ NO ___ YES (<i>Vendor must provide own cords w/ green grounded conductor wire, NO spliced cords or unsuitable power sources allowed</i>)		Actual Electric Use:
110 Amps: # of cords used (including supply vehicles): _____ @ \$75/each	Total:	\$
<i>Add'l charges will be assessed based on actual usage, including electrician fees if applicable</i>		
220 Amps: # of cords used (including supply vehicles): _____ @ \$100/each	Total:	\$
<i>Add'l charges will be assessed based on actual usage, including electrician fees if applicable</i>		
Water: # of hoses to be used: _____ @ \$50/each	Total:	\$
<ul style="list-style-type: none"> • Water hookups must use food grade hose and have an anti-syphon valve on each hose • Additional charges will be assessed as needed based on actual usage • Washing vehicles/large equip must be approved in advance or may be subject to fine 		
VENDOR PASSES/DAILY TICKETS <i>Each vendor will receive 2 complimentary passes for admission to grounds (does not include grandstand shows or rides)</i>		Date/Staff Initials delivery of tickets:
Addtl Vendor Passes (2 included): # of passes: _____ @ \$10/each	Total:	\$
Daily Tickets (grandstand & rides): # of tickets: _____ @ \$12/each	Total:	\$
VENDOR CAMPING <i>Limited space available in designated vendor camping areas only</i>		Spots Assigned:
Non-Electric: # of sites: _____ @\$100/each	Total:	\$
Electric: # of sites: _____ @\$175/each	Total:	\$
PAYMENT NO REFUNDS after June 1 <i>We accept check or money order by mail. Please call if you need to arrange another payment method. Make checks payable to: Winnebago County Fair Association.</i>		Amount Pd/Check #:
SUB TOTAL		\$
Early Bird Discount:		\$ ()
COVID-19 EXTENSION: 5% off if paid in full by AUGUST 5 June 1		
TOTAL:		\$
<input type="checkbox"/> I am making my FULL payment		
<input type="checkbox"/> I am making a DEPOSIT: _____ (\$100 min. due at time of application)		