



2020 WILLIAMSON COUNTY FAIR VENDOR/EXHIBITOR APPLICATION

Franklin, Tennessee • www.WilliamsonCountyFair.org

AUGUST 7th - AUGUST 15th

Applicants Name: _____ Title: _____

Company Name: _____
(as it should be shown on the WCF website)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-Mail: _____

Web-site Address: _____
(needed for hyperlink on WCF website)

Type of Exhibit: (Check all that apply)

- Promotional Exhibit: () Space used for the purpose of advertising, promoting, and/or educating.
- Retail Exhibit: () Space used for the purpose of displaying or selling merchandise.
- Outside Concessionaire Exhibit: () Space used for the purpose of selling food and beverages.
- Inside Concessionaire Exhibit: () Space used for the purpose of selling food and beverages. (non-cooking only)

Do you need direct water hook up?
Yes No

Do you need a 6' table & cloth?
Yes No (Inside booths only)

Do you need (2) chairs?
Yes No (Inside booths only)

BOOTH RATES	
Outside Concessionaire Booth -	\$1,000 per 15' x 10' space
Inside Exhibit Booth (non-food) -	\$750 per 10' x 10' space
Inside Concessionaire Booth (non-cooking) -	\$750 per 10' x 10' space

BOOTH HOURS INSIDE	
Mon-Fri	6 pm – 10 pm
Saturday	10 am – 10 pm
Sunday	Noon – 10 pm
BOOTH HOURS OUTSIDE	
Mon – Thurs	6 pm – 11 pm
Friday	6 pm – Midnight
Saturday	10 am – Midnight
Sunday	Noon – 11 pm

- Enclosed is my check for 75% of the total cost. (A minimum of 75% is due in order to reserve booth spot. The full 100% is required by July 1, 2020. Fees received after July 1st MUST BE Cash or Money Order. Credit Cards are NOT accepted.) If final payment is not received by 7/1, your spot may be forfeited and given to another company on our wait list.
- Enclosed is total amount owed.
- Yes, I would like to be included on the Fair's Insurance policy. (\$200.00)

CHECKS and MONEY ORDERS PAYABLE TO: Williamson County Fair Association, Inc.

****PLEASE NOTE: A 75% deposit is required with ALL applications. This is an application for space. THIS APPLICATION DOES NOT GUARANTEE SPACE. You will be contacted by the Vendor Manager to confirm. If space is not assigned, the deposit will be returned. If confirmed, a Vendor Information Kit with additional pertinent information will be sent to you in June.**

This space for use by WCF Management only

Booth Space # _____ Total \$ _____ Comments: _____

Deposit _____ Date _____ Check # _____

Final Payment _____ Date _____ Check # _____

List ALL products and/or services that will be sold/displayed, including pricing of ALL items, or attach a brochure showing same. NO menu changes may be made without prior approval of Vendor Manager. YOU MAY BE ASKED TO REMOVE CERTAIN ITEMS IN ORDER TO KEEP MENUS VARIED.

PRODUCT	PRICE	PRODUCT	PRICE

Please Note: You will be processed on the basis of this application. Once confirmation of acceptance is issued, you may not substitute or add items without approval. Violations may result in cancellation of contracts and forfeiture of monies paid. The Williamson County Fair reserves the right to offer space based on product, space availability, size of space required, maintaining a balanced program of products throughout the fairgrounds, and attractiveness of the exhibit.

MUST BE COMPLETED

Do you need electricity? Yes No *(1) Standard 20 amp, 110V duplex NON-DEDICATED outlet provided.

*Please note: An additional 110v outlet may be provided based on availability. You must provide 100 ft. of cord and a backflow preventer.

How many 20-amp, 110-volt plugs are needed? _____ Outside only: if 220V is needed, how many amps _____
(This will affect your location.)

IMPORTANT: If using 220v, you must include a photo of your plug and connectors so that we can ensure your plug will easily attach to our electricity. Supply wires for 220-volt requirements of 60 amps or greater must have a set of male camlocks on the ends for connection to an existing set of female camlocks at the electrical panel.

- All 120-volt electrical wires shall be a minimum of 3 wire, 12 gauge in size and 100 feet in length.
- All 220-volt electrical wires shall be a minimum of 100 feet in length and of the proper size for the amperage required.

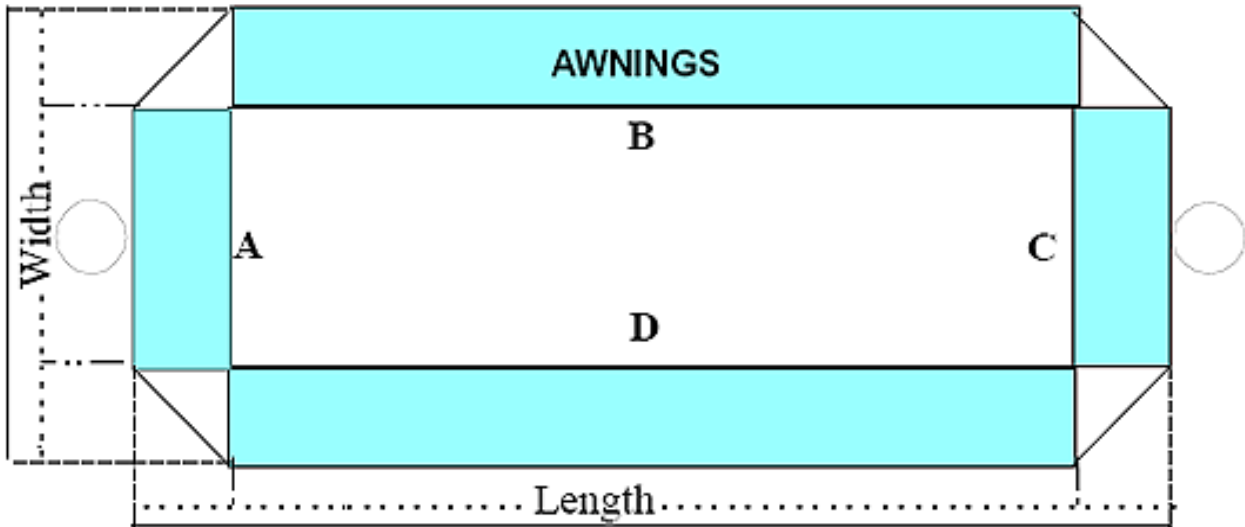
PLEASE BE ACCURATE AND SPECIFIC

List ALL electrical equipment you will be operating, including amperage used for each piece of equipment. Coverage is NOT guaranteed if ALL items are not listed.

ITEM	AMPS	ITEM	AMPS

ALL OUTDOOR CONCESSIONAIRES MUST COMPLETE THIS SECTION. In order to better accommodate your needs, please clearly indicate below what your booth/trailer/exhibit looks like, including all pertinent measurements. This is very important for proper placement at the fair. **You MUST include all width, height, and length needs including ALL tongues, doors, awnings, etc.**

All spots are 15' long x 10' deep, and run end to end with NO space between. If you need longer than 15', you must rent two spaces.



Based on this diagram, complete this information. BE DETAILED!

Trailer/Tent size NOT including awnings = length _____ x width _____

Trailer/Tent size INCLUDING awnings, tongue and any space needed to open any door at end of trailer = length _____ x width _____

Service Side(s): A B C D

Is Tongue Removable? Yes No

Trailer Tongue Location: A C

Please provide any additional information that you feel is important to this application:

IMPORTANT: Please attach recent photographs of your booth/trailer. Appearances, signs, and overall presentation will be juried this year.

Failure to represent the Williamson County Fair in the best way possible may result in your company not being invited back.

INSURANCE REQUIREMENTS

Insurance is required for ALL vendors/exhibitors in the amounts listed below.

A CERTIFICATE OF INSURANCE MUST BE SENT IN AT TIME OF APPLICATION TO AVOID DELAYS IN APPROVAL AND SET-UP. Certificate should show EXACT WORDING as follows:

ADDITIONAL INSURED:

(Clearly listed as both)

Williamson County, TN
1320 West Main Street
Franklin, TN 37064

The minimums are:

Each occurrence \$1 million
Personal Injury \$1 million
Total aggregate \$2 million

And

The Williamson County Fair Association, Inc.
306 Public Square
Franklin, TN 37064

Refer to Page 5 for an example of a correct Certificate of Insurance

IF ACCEPTED, APPLICANT AGREES THAT THEY HAVE READ, UNDERSTAND AND AGREE TO THE "RULES AND REGULATIONS" OF THE WILLIAMSON COUNTY FAIR, WHICH ARE LOCATED AT WWW.WILLIAMSONCOUNTYFAIR.ORG AND INCORPORATED HEREIN BY REFERENCE. APPLICANT AGREES THAT ALL INFORMATION SUBMITTED HEREIN IS TRUE AND CONSISTENT WITH THE WILLIAMSON COUNTY FAIR'S RULES AND REGULATIONS. ANY FALSIFYING OF INFORMATION ON THIS DOCUMENT MAY DISQUALIFY THE APPLICANT FROM FURTHER PARTICIPATION IN THE WILLIAMSON COUNTY FAIR. APPLICANT ACKNOWLEDGES THAT THEIR COMPANY NAME WILL BE PLACED ON THE WILLIAMSON COUNTY FAIR WEBSITE FOR MARKETING PURPOSES.

Applicant's Signature: _____ Date: _____

APPLICATION MUST BE SIGNED

Please complete in full and return to:

Williamson County Fair/Vendors
P.O. Box 329
Franklin, TN 37065

Questions please contact:

CHERYL BURNSIDE
Phone: 615-584-7411
E-mail: sponsors_vendors@williamsoncountyfair.org

CHECKLIST: DID YOU.....

- complete the entire application including signature? Dated?
- review all "Rules and Regulations"?
- list all menu items or products to be sold with pricing, or attach a brochure showing same?
- contact your insurance agent, and attach your current (2020) certificate of insurance with Williamson County, TN and The Williamson County Fair Association, Inc. listed as Additional Insureds?**

(THIS IS REQUIRED BEFORE SET-UP CAN BEGIN)

- clearly complete electricity, if needed?
- include 75% deposit, and make a note to pay the balance due by 7/1/20?
- email or mail a photo of your plug if you have requested 220v electrical?



"EXAMPLE"

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		FAX (A/C, No):
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured/Holders shall include:

Williamson County, TN 1320 West Main Street Franklin, TN 37064	The Williamson County Fair Association, Inc. 306 Public Square Franklin, TN 37064
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CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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EXAMPLE FORM - Shows exact wording required for Additional Insured/Certificate Holders