

## Arkansas-Oklahoma State Fair

KAY RODGERS PARK P.O. BOX 4145 FORT SMITH, AR 72914 479-783-6176 FAX 479-782-9944

All submissions become the property of the Arkansas Oklahoma State Fair

(Please type or Print)

Address		
		Zip Code
		Fax ()
Email address:		
•		r display. Enclose pictures of your products and/or services. cense agreement many be sold or displayed."
2 Cubarit for a sect of	,	
-		oth or trailer, if you did not participate in the 2018 Fair or if changes to your concession or you are applying for a new
	ed: Outdoor, structure type: Traile ssion stand or trailer to include awn	er Other
Frontage:6. (Check one)	Depth:e used for retail sales of merchand e used for advertising, promotion o	
7. If you did not part	cipate in the 2018 Arkansas Oklah	oma State Fair please answer the following questions:
		_

One Business Reference; with contact person, address, phone and e-mail address:

One Bank Reference; with c	ontact person, address, phone and e-mail address:	
Please list anything unusual	about your exhibit.	
SERVICES REQUIRED PER amp, water \$25 per connect	R UNIT: You will be supplied with what you apply for. Electricity will be at the rate of \$\$ ion.	 \$2.00 per
Water	r (\$25.00)	
Electrical:110v	30amp (\$60.00)220v 50amp (\$100.00)220v 60amp (\$120.00)	
	NOT IMPLY OR GUARANTEE THAT SPACE WILL BE OFFERED TO YOU. ALL QUI MPLETELY AND ALL INFORMATION MUST BE FURNISHED BEFORE CONSIDE	
	ate Fair strives to present a variety of quality products and services to its patrons and space in a manner that is deems appropriate.	as such
be mailed to you. License a amount of the deposit will be Insurance naming the Arkan	this application. Your application will be reviewed and if accepted, a license agreem greements along with the appropriate deposits must be returned by June 3, 2018. The based upon your service and space requirements. Additionally, a Certificate of Liabsas Oklahoma State Fair as an additionally insured and proof of Worker's Compensatour business, will be required before the Fair opens. Vendor Applications must be refer to Fair by 15 of March 2019.	ne pility ation
Should space be offered, we	e agree to abide by the rules and regulations set forth in this application.	
I attest that all answers give	n in this application are true and accurate as of the date signed below.	
Name (Please print):	<del></del>	
Signature of Owner:		
Please promptly return this a	application to:	
	AR-OK State Fair	
	Attn: Tom Atkins – Midway Manager	
	PO Box 4145, Fort Smith, AR 72914	

512-750-3345 or tomjatkins@juno.com