Vendor Application with the Tuscarawas County Agricultural Society

259 South Tuscarawas Ave., Dover, Ohio 44622 Phone: 330-365-7153

E-mail: tusccofairgrounds@gmail.com

This application does not guarantee a conJract or space.

| Please complete all sections | | | | | | | | | | | | |
|--|----------------|---------------------|--------|--------|-------------|--------|---|------------|---------|----------|-----------|---------|
| Concession Name Vendors Number | | | | | | | | | | | | |
| Contact Person | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| City | | | | S | tate: | _ OI | H | | Zip | | | |
| Phone Number: | | | | C | Cell Phone: | | | | | | | |
| Email Address: | | | | | | | | | | | | |
| What type of concession | on do vou have | ? DTer | nt | DTra | iler | D | Roll O | ff DSt | ick B | uilt D' | Truck/Vai | 1 |
| Servicing Preferences | | Front \square Rig | | | | | | Both Right | | | | l Sides |
| Servicing Treferences | Di | TOIL LIKE | 3111 L | nuc L | _ LC | ii siu | , <u>, , , , , , , , , , , , , , , , , , </u> | Jour Right | and D | en sides | O Al | i blucs |
| Footage needed | | | | | | | | | | | | |
| Exact size of any additional space desired for tables, chairs, decorations and or props: Frontage X Depth Exact size of any additional space desired for tables, | | | | | | | | | | | | |
| Please explain additional space requirements: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | - | | | |
| Electric | Yes | □ No | | | т | | | | | | | |
| Ifyes | ☐ Plug in | ☐ Hard wired | l | □ 20 A | mp | 0 | 50 Amj | p D c | Other S | Specify | | |
| Propane | Yes | ☐ No | | | 1 | | | | | | | |
| Water | Yes | ☐ No | | | | | | | | | | |
| | | | | | _ | | | | | | | W |
| Do you have a supply truck? | | | D | Yes | O | No | Exa | act Size | - | | | |
| Does your supply truck need electric? | | | D | Yes | 0 | No | 0 | 20Amp | 0 | 50Amp | | |
| Will you require camping space? | | | D | Yes | 0 | No | 0 | 20Amp | 0 | 50Amp | | |
| MENU ITEMS: A C For new concessionaires | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Note: The Tuscarawas County Agricultural Society reserves Ihe right to accept or rject any applicant based on uniqueness and/or quality of products sold, services offvred, uppearance of the operation, und pajt ur currl,nt references. All tood and beverage conce5sionaire must abide by the Ohio State Department Board of Health's mies, regulations, and guidelines. Incomplete applications will jeopardize the opportunity to have o rental space and will only be considered after those with complete applications and timely submissions.

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New Concessionaires ONLY: You will be required to provide at least 3 current references with all necessary contact information to assist in determining eligibility. You **must** also provide photographs of your operation and any additional information that would assist in the selection process.

| P | | | |
|-------------------------------|------|--|--|
| Fair/ Show/ Event# I | | | |
| Name of Fair/ Show/ Etc. | | | |
| Location of rnir / Show/ Etc. | | | |
| Contact Person | | | |
| Phone Numbers (2 preferred) | | | |
| Email | | | |
| | | | |
| Fair/ Show/ Event# 2 | | | |
| Name of Fair/ Show/ Etc. | | | |
| | | | |
| Location of Fair/ Show/ Etc. | | | |
| Contact Person | | | |
| Phone Numbers (2 preferred) | | | |
| Email | | | |
| | | | |
| Fair/ Show/ Event# 3 | | | |
| Name of Fair/ Show/ Etc. | | | |
| | | | |
| Location of Fair/ Show/ Etc. | | | |
| Contact Person | | | |
| Phone Numbers (2 preferred) | | | |
| Email | | | |
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| Additional information / Comm | ents | | |
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