Vendor Application with the Tuscarawas County Agricultural Society

259 South Tuscarawas Ave., Dover, Ohio 44622 Phone: 330-343-0524

E-mail: secretary@tusccountyfairgrounds.com or treasurer@tusccountyfairgrounds.com

This application does not guarantee a contract or space.

Please complete all sections		
Concession Name	Vendors Number	
Contact Person	23	
Address	0	
City	State: OH Zip	
Phone Number:	Cell Phone:	
Email Address:		
What type of concession do you have?	Trailer Roll Off Stick Built Truck/Van	
Servicing Preferences	☐ Left Side ☐ Both Right and Left Sides ☐ All Sides	
Footage needed		
Exact size of any additional space desired for tables, chairs, decorations and or props:	Frontage X Depth	
Please explain additional space requirements:		
Electric Yes No	20 Amer	
If yes Plug in Hard wired 2 Propane Yes No	20 Amp 50 Amp Other Specify	
Water Yes No		
Do you have a supply truck?	☐ No Exact Size	
Does your supply truck need electric?	☐ No ☐ 20 Amp ☐ 50 Amp	
Will you require camping space?	☐ No ☐ 20 Amp ☐ 50 Amp	
MENU ITEMS: A <i>COMPLETE</i> list of menu items to possibly be sold at the Tuscarawas County Fair is <i>REQUIRED</i> . For new concessionaires a photograph of setup is required with application submission. You may attach typed list if preferred.		
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Note: The Tuscarawas County Agricultural Society reserves the right to accept or reject any applicant based on uniqueness and/or quality of products sold, services offered, appearance of the operation, and past or current references. All food and beverage concessionaires must abide by the Ohio State Department Board of Health's rules, regulations, and guidelines. Incomplete applications will jeopardize the opportunity to have a 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.

Fair / Show / Event # 1	
Name of Fair / Show / Etc.	
Location of Fair / Show / Etc.	25
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)	25
Email	
	() Y
Fair / Show / Event # 3	
Name of Fair / Show / Etc.	60,
Location of Fair / Show / Etc.	
Contact Person	
Phone Numbers (2 preferred)	
Email	
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Additional information / Comm	ents

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REQUEST FOR INDOOR VENDOR SPACE ONLY!!

THIS IS NOT A CONTRACT AND DOES NOT GUARANTEE A SPACE AT THE TUSCARAWAS COUNTY FAIR CONTRACT WILL BE ISSUED BASED UPON SPACE AVAILABILITY

Owner's Name:	
DBA/Name of Business:	
	Email:
Returning Vendor or Business:	
If yes, list last year attended:	
Inside/Outside Space:	
Amount of space requested (approx. f	rontal feet):
Please list in detail the type of produc	t to be displayed and/or sold:
, ,	
Please return application request to:	TUSCARAWAS COUNTY AGRICULTURAL SOCIETY
Troube rotain approación roquest to.	259 S. TUSCARAWAS AVENUE DOVER, OH 44622
For Office Use Only: Date Rec'd	