

Loudoun County Fair 2024 Vendor Application

July 23rd– July 27th, 2024

PLEASE PRINT

First Name: _____ Last Name: _____ Date: _____

Business Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Type of business and brief description: _____

First time potential vendor? _____ Please send picture of your booth layout.

Vendor space needed (please circle): 12 x 12 12 X 24 24 X 24 Other _____

Fee does not include electric: \$425.00 \$800.00 \$1,175.00 \$TBD

Included with each space two parking passes and four weekly gate passes. Please see vendor coordinator for additional passes. Email vendors@loudouncountyfair.com

Additional space needed for storage trailer or additional equipment please see vendor coordinator. Email vendors@loudouncountyfair.com

All vendors are required to have their own liability insurance in the amount of One Million dollars naming Loudoun Fair & Associates, Inc. as both additional insured and certificate holder. Policy must be an Occurrence form policy. See example attached. Confirmation of acceptance as a 2023 fair vendor will not be issued until a Certificate of Insurance is received.

Please complete all additional pages attached if applicable.

Send application via email to: Vendors@loudouncountyfair.com

or mail to: Loudoun County Fair, Attn. Treasurer, PO Box 4100, Leesburg, VA 20177

Loudoun County Fair will accept checks or credit card (3% fee for credit card)

Office Use Only: Date Received _____ Confirmation sent _____

Booth/Trailer Dimensions and Electrical Cost



My tent is _____ wide, including tide down ropes.

My tent is _____ deep, front to back

My total space requirements are: _____

Electric: Voltage _____ Watts _____ #Outlets _____



My tent is _____ wide, including tide down ropes.

My tent is _____ deep, front to back

My total space requirements are: _____

Electric: Voltage _____ Watts _____ #Outlets _____



My trailer is _____ wide, including trailer tongue.

My trailer is _____ deep, front to back w/tongue

My total space requirements are: _____

My serving window is from: side window or front or both.
(Please circle).

Electric: Voltage _____ Watts _____ #Outlets _____

Electric service is limited and not included in the Basic Booth fee. Requests for electric service should be made at the time of application and are first come, first served. Additional fees will apply depending on needs.

110V service \$100.00 per space

110v service for food vendors \$150.00 per space

220v service \$200.00 per space

No fair electrician on site.

All vendors are required to decorate the outside area of your space. Acceptable items are: fresh flowers, trees, shrubs, rubber matting, rope lighting, hay bales or combination.

Recorded music is acceptable within your space and not offensive to others.



SAMPLE Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/25/2022

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.

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.

PRODUCER: Your Insurance Agency's name, their mailing address, Anytown, ST 99999. CONTACT NAME: Agent's name. PHONE, FAX, E-MAIL, ADDRESS. INSURER(S) AFFORDING COVERAGE: INSURER A, B, C, D, E, F.

COVERAGES CERTIFICATE NUMBER: CL2272505484 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured status in favor of Loudoun Fair & Associates is included.
Loudoun Fair & Associates, Inc. as both additional insured and certificate holder. Policy must be a Occurrence form policy.

CERTIFICATE HOLDER: Loudoun Fair & Associates k/a Loudoun County Fair, PO Box 4100, Leesburg, VA 20177. 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.