



Sept. 27 - Oct. 6, 2019 Atlanta Motor Speedway Concession Application

Official Use Only

Booth # _____
Price _____
Invoice Sent _____
Paid in full _____
Packet Sent _____
Insurance? _____

Company Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ What do you plan to sale? _____

Daily Sales Fees:

25% of Gross Sales due to Georgia State Fair **Daily**. Daily gross is to be turned into the show office EVERY following morning, 2 hours before we open until the 1st hour the show is opened the following day. i.e.. settle for Friday (9/27) on Saturday (9/28) between 8am- 11am.
The fair opens at 10am on Saturday (9/28)

Services & Amenities (Check all that apply)

- _____ Gray water tank connection(s) **\$100.00** per trailer, including service (health department regulation)
_____ Parking pass@\$10/car, (good for entire event)
_____ Vehicle midway permit: truck/car **\$200** Golf cart **\$75**
_____ Garbage pickup **\$200**. (Mandatory)
_____ RV Parking and/or Hookup during the Fair **\$250.00** for 12 days plus **\$25** a day over 12 (Sept. 28 -Oct. 7)

Electrical Servicing Fees

- _____ \$600 up to 50 Amps (Includes 24hr Power)
_____ \$800 above 50 Amps (Includes 24hr Power)

Please sign this **COMPLETED** application and fax or mail to Georgia State Fair with full payment for checked fees above and a \$200 security deposit. Make checks out to: **Universal Fairs**. We can also take signed fax applications with a credit card number. We retain the exclusive right to determine those concessions which may operate at our events. This is not a contract, this is an application and implies no authorization to work said event.

All Vendors must have commercial vendor insurance with liability limits of 1 million, listing: Universal Fairs, LLC dba GA State Fair Atlanta, Speedway Children's Charities, Speedway Motorsports, Inc. and/or it's subsidiaries & ailiate & their shareholders, members, partners, o icers, managers, directors, employees & agents.

Booth/Space Total: \$ _____ Enclosed Payment: \$ _____ Card Type: _____
Card Number: _____ Expiration Date: _____ Security Code on back: _____
Billing Address: _____

"My firm acknowledges the rules and regulations set forth by Universal Fairs (posted on Universalfairs.com) and that our employees and representatives will at all times observe, perform and abide by such rules."

Official Representative Signature: _____ Date: _____
Title: _____

Return this fully completed application with your full payment to:

Georgia State Fair
Attention - Exhibitor Services
P.O. Box 1327, Cordova TN, 38088-1327



Local: (901) 867-7007 - Toll Free: 866-99FAIRS - Fax (901) 867-7121 - Web: GeorgiaStateFair.org