



Champaign County Fair | July 20-28, 2018

1302 N. Coler Avenue, Urbana, Illinois 61801

P: (217) 367-8461 F: (217) 367-6286

E: office@champaigncountyfair.cc

Food Vendor Application

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

<i>For Office Use Only</i>	<input type="checkbox"/> Deposit	<input type="checkbox"/> Paid in Full
Total Amount Due: \$ _____		
Method of Payment: _____ Date: _____		
Proof of Insurance (check once on file): _____		
Camping Fees: \$ _____ (____ days @ \$25 per night)		
Booth Fee: \$ _____		
Additional Services: \$ _____		

Booth Fees:

Large* (up to 20' x 20') - \$750 Small (10' x 10') - \$650 Food Truck**- \$550

**Any booth space exceeding the maximum space allotted will be subject to a fee of \$4.00 per extra square foot.*

***Food trucks must be self-sufficient with electricity.*

Concession Trailer/Truck Size (include hitch and awning): _____ length _____ width

Service Window: End Serve Side Serve

Electrical requirements (portable generators not allowed): 110 x _____ plugs 220 x _____ plugs

Do you have a stock truck or trailer? (Stock truck/trailer parking is not close and subject to camping fees) Yes No

Are you willing to offer Military and/or Senior Citizen discounts on their designated days: Yes No

Do you need RV/Camper space? Yes No *Arrival/Departure Dates:* _____

Other Needs: _____

Additional Documents

- Mail to: CCFA - PO Box 544 Urbana, IL 61803
- Send photo of booth
- **Attach a complete menu with prices**



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Commercial Vendor Application

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

<i>For Office Use Only</i>	<input type="checkbox"/> Deposit	<input type="checkbox"/> Paid in Full
Total Amount Due: \$ _____		
Method of Payment: _____ Date: _____		
Proof of Insurance (check once on file): _____		
Camping Fees: \$ _____ (____ days @ \$25 per night)		
Booth Fee: \$ _____		
Additional Services: \$ _____		

Booth Fees:

Inside (10' x 10') - \$350

Outside (10' x 10') - \$450

Electrical requirements (portable generators not allowed): 110 x _____ plugs 220 x _____ plugs

Are you willing to offer Military and/or Senior Citizen discounts on their designated days: Yes No

Do you need RV/Camper space? Yes No *Arrival/Departure Dates:* _____

List all items /products you wish to sell:

Other Needs: _____

Additional Documents

- Attach photo of booth
- Mail to: CCFA - PO Box 544 Urbana, IL 61803



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Informational Vendor Application

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

For Office Use Only Deposit Paid in Full

Total Amount Due: \$ _____

Method of Payment: _____ Date: _____

Proof of Insurance (check once on file): _____

Camping Fees: \$ _____ (____ days @ \$25 per night)

Booth Fee: \$ _____

Additional Services: \$ _____

Booth Fees:

10' x 10' - \$250 (inside space only)

Electrical requirements (portable generators not allowed): 110 x _____ plugs 220 x _____ plugs

Do you need RV/Camper space? Yes No *Arrival/Departure Dates:* _____

Describe proposed activity; include handouts, information, displays, recruitment, etc.: _____

Other Needs: _____

Additional Documents

- Attach photo of booth
- Mail to: CCFA - PO Box 544 Urbana, IL 61803