

**SANDOVAL COUNTY FAIR APPLICATION
FOR FOOD/COMMERCIAL SPACE
Aug 1st thru Aug 7th 2016**

Please Type or Print Legibly

Company or Organization Name: _____

First Name: Mr. / Ms. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Home Phone: _____ Cell: _____ Email (Required): _____

IT IS MANDATORY THAT ALL BOOTHS ARE OPEN FOR BUSINESS AND STAFFED EACH DAY OF THE SANDOVAL COUNTY FAIR.

Specify Location desired if Known: _____

Have you ever participated in the Sandoval County Fair? Yes _____ (How Many Years _____) No _____

If you have not participated in the Sandoval County Fair in the past two years please list three fairs or shows recently participated in. Include name of event, dates, manager's name, and current telephone number for each:

SIGNATURE: _____ DATE: _____

Payment may be made with check, money order, or cashier's check.

Please make checks payable to: Sandoval County Fair Board

Please send checks to:
Sandoval County Fair Board
Attn: Concession
P.O. Box 2182
Cuba, NM 87013