

Macoupin County Fair & Agricultural Association Inc
P.O. Box 145, Carlinville, IL 62626

THIS AGREEMENT, for good and valuable consideration receipt of which is hereby acknowledged on the date as listed herein, made by and between the *Macoupin County Fair & Agricultural Association Inc*, hereinafter referred to as "FAIR", does hereby lease the following described facilities situated on the Macoupin County Fairgrounds, located at, 21368 Route 4 Carlinville, Illinois to the vendor as listed below hereinafter referred to as "Concessionaire". These parties warrant that they have the right to enter into this AGREEMENT.

1. LIABILITY INSURANCE

A certificate of insurance for general liability from the CONCESSIONAIRE is required. The CONCESSIONAIRE shall carry current liability insurance covering the event, audience and anyone who is on the fairgrounds. The CONCESSIONAIRE is required to provide a certificate of general liability insurance including contractual liability, personal injury, premise and operations, and broad form property damage. Such insurance shall provide not less than \$1,000,000.00 each occurrence and same for aggregate. The certificate must be in the FAIR's possession ten (10) days prior to the event or the leased space and fees will be forfeited. The certificate shall name the *Macoupin County Fair & Agricultural Association Inc* and the *County of Macoupin, Illinois* as additional insured.

2. BOOKING, PAYMENT OF FEES, & CANCELLATIONS

A deposit of one half of the total fees must be paid by April 15th or space will be forfeited. Any remaining balance shall be paid no later than the opening day of the fair. Bates Building & Grounds Rental must be paid in full at the time of agreement. When payment is received within less than ten (10) days of due date, payment shall be in cash or cashiers check. A \$25.00 fee will be charged on all return checks. If cancellation within thirty (30) days of the event the CONCESSIONAIRE forfeits all fees paid. Leaving early may forfeit your space for next year, we would appreciate if you would not leave before the last day as agreed unless prior arrangements have been made.

3. ADDITIONAL AGREEMENTS

CONCESSIONAIRE agrees to hold harmless, the Macoupin County Fair & Agricultural Association, Inc. and to indemnify it its officers, directors, employees, and agents against any and all claims of bodily injury, property damage, or for accidents and liabilities to CONCESSIONAIRE's exhibit at the fair, including preparation thereof, the exhibit itself and any acts in a way connected therewith.

ALL sales or Use of Silly String, Colored Hair Spray, Stink Bombs, Snap 'N' Pops, or any water or projectile shooting guns, and or any other device which may cause injury or discomfort to the patrons of the fair are BANNED.

It is unlawful for a child sex offender to knowingly operate, manage, be employed by, or be associated with any county fair when persons under the age of 18 are present.

THIS AGREEMENT IS SUBJECT TO THE LAWS OF THE STATE OF ILLINOIS.

It is hereby mutually agreed between FAIR and CONCESSIONAIRE and upon the following conditions and price schedule as follows:

*****ALL CONTRACTS DUE NO LATER THAN APRIL 15th*****

*****CORN DOGS, FUNNEL CAKES, AND LEMONADE SHAKE UPS ARE EXCLUSIVE TO AN ANNUAL CONTRACT (YOU WILL BE ASK TO LEAVE WITHOUT REFUND IF YOU SELL ANY OF THESE ITEMS NO EXCEPTIONS)*****

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PRICE SCHEDULE

FAIR DATES: _____

	<u>Qty</u>	<u>Total</u>
Exhibition Building – Bates Buildings (<u>inside location 10 x 10 space</u>)	\$25 x _____ =	\$ _____
Exhibition Space – Outside (10 x 10 space)	\$110 x _____ =	\$ _____
Concession Food Stands - Type _____ Space _____	\$400 x _____ =	\$ _____
Stock Truck – (\$50 each)	\$50 x _____ =	\$ _____
Camping – (\$20 per night)	\$20 x _____ =	\$ _____
Circle one: (30 amp service) (50 amp service) (100 amp service)		
One exhibitor pass is issued per contract – (\$5 each)	\$5 x _____ =	\$ _____

ADDED TOTALS \$ _____

Amount Received with contract: Date paid _____ Check # _____ \$ _____

Balance Due: Date paid _____ Check # _____ \$ _____

(ALL DEPOSITS ARE NOT REFUNDABLE OR TRANSFERABLE TO ANOTHER YEAR)

_____	_____
(name)	(address)
_____	_____
(city, state, zip)	(phone number)
_____	_____
(email address)	(Concessionaire Signature)

By: _____ Date: _____