

LaPorte County Fair

VENDOR APPLICATION

2581 W. SR 2

LaPorte, IN 46350

Office: 219-362-2647

Web Site: www.lpfair.com Email: laportefair@gmail.com



**FAIR DATES:
JULY 5TH-12TH, 2025**

Date: _____ Telephone and Cell #'s: _____

Firm/Company Name: _____

Contact Name: _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

Products/Services to be sold: List all products to be sold or displayed. Exclusive rights are not given for products or services. (Pepsi products, including water are to be purchased from the Pepsi vendor located on Fairgrounds.) Your display or sales will be limited to the products and/or services indicated below:

(If more space is needed to list items—please use backside of this page or attach)

Amount of Space needed: Width: _____ Depth: _____ (Include **space** for awning, door openings & non-removable hitch)

What are your electrical needs: _____ Electrical Fees: Minimum \$150 Charge, Price depends on amperage

Do you need Camping Space? _____

\$1,000,000 Liability Insurance Coverage is required to participate in the Fair. If you wish to purchase the Fair Insurance please let the fair office know.

Yes, I need the LaPorte County Fair Insurance Coverage.

___ No, I will supply the LaPorte County Fair with a current \$1,000,000 Liability Insurance Certificate naming **The LaPorte County Fair, LaPorte County FMEC, its officials, officers, employees, and volunteers** as additional insured. (This wording must appear on the Coverage/insurance certificate.)

A color photograph of the Concession stand is required. **DO NOT remit deposit or payment with this application.**

REFERENCES (List two Fairs, Festivals, Events, etc., (phone number and or email) in which you have participated within the last two years:

1. _____

2. _____

I understand this is not a contract, merely an application for space.

Applicants Signature: _____ Date: _____