



Vendor/Exhibitor Application

Company Name _____ (name on Certificate of Liability Insurance)

Contact Name _____ Address _____ City _____

State _____ Zip _____ Contact phone # _____ Cell # _____ Fax # _____

Email: _____

Food Vendors Vendor Rent: \$200.00 plus 16% after base rent. (Base sales are \$1250.00)

Electrical needs: (please circle) No Electric needed, 20 amps, 30 amps or 50 amps Water needs: ___ Yes (or) ___ No

Description of Products _____

Hours: Friday 12:00 pm - 8:00 pm - Saturday 11:00 am - 10:00 pm - Sunday 10:00 am - 4:00 pm

Commercial Vendors/Exhibitors, Semi-Tractor Trailer and Industrial Vendors

Hours

Truck Show Vendors: Friday 11:00am - 7:00pm - Saturday 11:00am - 7:00pm - Sunday 10:00am - 4:00pm

Commercial/Exhibitors: Saturday 11:00am - 7:00pm - Sunday 10:00am - 4:00 pm

Vendor Rent: \$200.00 based on 25' frontage with depths varying. Additional 25' frontage \$100.00

Total frontage _____ Selling ___ (or) Exhibiting _____

Electrical needs: (please circle) No Electric needed, 20 amps, 30 amps or 50 amps

Description of Products: _____

Processing Fee \$ 2.00

Tables and chairs are not provided.

Amount Due \$ _____

There will be no refunds on this event

Return applications to: SD State Fair 1060 3rd St. SW. Huron, SD 57350 Attention: Joni
Phone: 605-353-7353 Fax: 605-353-7348 Email: joni.kiple@state.sd.us

For office use only

Amount Due: \$ _____ Date Paid: _____ CK# _____

___ MC ___ Visa ___ Discover Credit card # _____

Expiration date _____ CVV # (3 digit pin on back of card) _____