



Sawyer County Fair
August 14th - 17th, 2025
Booth Vendor Application Form

Date: _____ Name of Vendor: _____

Contact Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone/day: _____ Phone/evening: _____ Phone/cell: _____

Products/services to be exhibited. Please list **ALL** items.

Vendor Application **deadline: August 1, 2025** (make all checks payable to **SCAFA**)

- I want 10 ft. space(s) at the retailer price of \$150 each. Inside or Outside
- I want 10 ft. space(s) at the non-profit price of \$75 each. Inside or Outside
- I need electricity for 10 ft. space(s) at \$50 per space.

Total Fees enclosed: \$ _____

- I have enclosed a separate check for \$150 which I understand will be forfeited if I leave BEFORE Sunday at 4 p.m.**

This form should be accompanied by:

- **Certificate of Insurance, naming SCAFA and Sawyer County as additional insured**
- **Wisconsin Form s-240, available at www.dor.state.wi.us/forms/sales/s-240.pdf**

Waiver: The lessee and its representatives agree to hold the Sawyer County and the Sawyer County Agricultural Fair Association harmless from any loss or damage, including attorneys' fees, arising out of lessee's use of the Sawyer County Fairgrounds, whether that loss arises from bodily injury, property damage or from any other cause. In the event that Sawyer County or SCAFA receive notice of any injury, property damage or claim of any type arising out of the lessee's use of the SCF, lessee agrees to defend Sawyer County and the SCAFA and compensate them. If lessee fails to defend Sawyer County and the SCAFA after notice, Sawyer County and SCAFA may engage attorneys. Lessee shall bear the cost of such attorneys.

Please Note: Signing this application acknowledges that you received a copy of the 2025. Sawyer County Fair Vendor Booth Information, have read and understand the information, and agree to comply with the rules and regulations as part of this contract.

Signed: _____

Office Use Only:

Return to: SCAFA
P.O. Box 13158
Hayward, WI 54843

Date Received: _____

Fees Check #: _____

SD Check #: _____

Insurance Received: _____

WIs-240 Received: _____