

***** 2025 MERCHANT'S SPACE APPLICATION*****

JIM WELLS COUNTY FAIR ASSOCIATION
P.O. BOX 3664, ALICE, TEXAS 78333-3664
(361) 664-7595, Fax (361) 668-8563

Applicant Information: (Please Print Legibly)

Legal Business Name:
Booth Name:
Business Owner/Manager Name(s): Phone #:
Person Managing Booth: Phone#:
Business Mailing Address: City/Zip
Business Phone: ** I will text updates.
E-mail address: Were you a merchant in 2024?

NEW Deadline Date - AUGUST 1st ***\$40 Late Charge after deadline.

***Must submit all items below for application to be considered complete.

- *Application form fully completed
*Photo of booth display
*Copy of applicable Liability Insurance
*Photos and written description of products to be sold
*Copy of Texas Sales and Use Tax Permit
*Applicable Temporary Retail Food Establishment Permit (Texas Department of State Health (512) 834-6753)

Booth Space Information: (Space Preference or Prior Year Space NOT Guaranteed)

Table with 3 columns: Outside Booth (10'X20'), Inside Booth (10'X10'), and Vehicle/Tractor Displays. Includes pricing for generators, gate passes, and additional space.

Electrical:

Outside Booths: 30AMP/110V Outlet are Limited and NOT Guaranteed.
Inside Booths: 110V Outlet will be provided per vendor.

Booth Type:

Outside Booth - Circle booth type and provide size:
Tent (size) Trailer (size) Construction Booth (size)
Inside Booth - Circle booth type: (Space Preference or Prior Year Space NOT Guaranteed)
Wall Center

Security:

Security will be on fairgrounds daily until midnight.

Products: (Note - Must submit photos of products. You may not display or sell any items which are not approved.)
Please check all retail categories that apply.

- Ag Equipment or Buildings Ag Products Art Attractions Children's Items Clothing
Communications Fashion Accessories Furniture Gov./Public Serv. Health/Beauty
Home/Gifts/Garden Jewelry Leather Goods Serv./Info Providers Specialties Food
Tack & Animal Supplies Vehicles and Accessories Western Specialties Other

Payment:

Vendor payment will be accepted ONLY by money order or cashier's check, made payable to Jim Wells County Fair Association. Mail payment to ATTN: Merchant's Space Division, Jim Wells County Fair Association, PO Box 3664, Alice, TX 78333. Payments must be postmarked August 1st. Any application received after deadline will incur a \$40 late charge.

*******See Jim Wells County Fair website (jimwellscountyfair.com) for Merchant's Space Division Rules*****
Vendor not following the Merchant's Space Division rules may be expelled from the grounds for non-compliance and may not be allowed to return the following year.**

MERCHANT'S SPACE CONTRACT

I _____ have read the 2025 Jim Wells County Fair Merchant's Space Application and Division Rules and agree to abide by said rules. By signing below, I understand that this application does not guarantee a booth space. That the Jim Wells County Fair, Merchant's Space Committee reserves the sole right to select vendors they deem appropriate for the vendor mix on an annual basis and place vendors accordingly. I further understand that the Jim Wells County Fair Association, the Merchant's Space Committee, or any other person connected to the Jim Wells County Fair individually or collectively assume no liability for any bodily injury, theft or damage of vendor's product/merchandise, display, equipment, fixtures, or signage sustained or suffered while participating in the 88th Jim Wells County Fair.

Merchant's Signature

Date

Payment Enclosed (Money Order or Cashier's Check)

Outside Booth Space 10'X20': Check (v) Selection
Own Generator (\$300) _____
30amp/110v (Not Guaranteed) (\$350) _____
Additional Space (10' \$200) _____
Additional Space (20' \$300) _____

Inside Booth Space:
Booth Space (10'X10' \$175) _____
Additional Space (10' \$150) _____
Corner Space (\$25, Limited) _____

Late Charge (\$40 After August 1st) _____

JWC Fair Association Membership (\$40) _____
(Includes 2 gate passes & invitation to annual board meeting)

TOTAL ENCLOSED ----- \$ _____

****REMINDERS****

**ALL OUTSIDE VENDORS
MUST PROVIDE COPY OF
APPLICABLE LIABILITY INSURANCE**

**ALL FOOD VENDORS
MUST PROVIDE COPY OF
TEMPORARY FOOD ESTABLISHMENT PERMIT**

<u>Office Use Only</u>	
Application Received Date:	_____
Amount Paid:	_____
Money Order #:	_____
Cashier's Ck #:	_____
Receipt #:	_____
Photos of Products:	____yes ____no
Written Description:	____yes ____no
Photo of Booth:	____yes ____no
Texas Sales & Use Tax Permit:	____yes ____no
Insurance:	____yes ____no
Temporary Food Permit:	____yes ____no
Other:	