

White County Fair Association

Concession Stand Rental Agreement for September 11-16, 2023

Return this completed, signed contract to:
 White County Fair Association c/o Mitchell Spurlock
 Phone# 501-230-9569
 PO Box 1605, Searcy AR 72145
 Office: 501-268-1568

This agreement made _____, 2023, is between White County Fair Association and the Renter/Vendor listed below for holding events at White County Fairgrounds. By signing this agreement below you have read and agree to the terms and conditions listed herein.

Renter/Vendor Name:	Address: City/State:
Contact:	Phone/Email:
Contact:	Phone/Email:

Rental for concessions for the week of Fair is **\$1,200** (Monday – Saturday). Any additional days can be rented at a charge of \$200 per day. This price includes 5 passes. Additional passes needed: _____ @ \$25.00 ea. **No refunds or exchanges** on passes included in your rent or additional passes purchased. Payment is due no later than **6/30/2023** with the completed form and proof of liability insurance for your Concession Stand. We do accept cash or checks. There will be a \$25.00 return check fee.

PARKING: Parking is available in the parking lot on the West side of the Merchant's Building. Your passes will allow you to park in this parking lot as long as space is available, then you will need to park in other designated parking areas as directed. **NO PARKING** allowed outside designated parking areas **after 3 p.m. (Monday-Friday); and after 9 a.m. (Saturday)** vehicles found in non-designated areas after these times will be towed at owner's expense. This is to ensure safety of those visiting the fair.

WCFA is under contract with **Coca-Cola®**. Only Coca-Cola products can be sold on the fairgrounds purchased through WCFA. Purchases made with the WCFA need to be settled by **9:00 pm Saturday**. The only returns of product must be in full cases of the same product. No partial or mixed cases are allowed to be returned.

No Roving Vendor or Solicitor shall be permitted on the fairgrounds of WCFA for purpose of vending food & soft drinks for benefit of patrons attending scheduled events therein. All solicitations for either contributions or sale must be made within confines of your concession booth or display, **NO EXCEPTIONS**.

Within 1 week after the fair, vendor is responsible for making sure water valves are turned off, appliances unplugged & booth winterized, as you deem necessary. You may be responsible for repairs to fairgrounds and excess water bill charges if damages occur because of failure to properly shut down your concession stand.

INSURANCE: You are required to **furnish** WCFA with a Certificate of Insurance from your insurance agent showing that you have a minimum of One Million Dollars in Commercial General Liability coverage. Certificate Holder should read: White County Fair Association, 802 Davis Drive, Searcy AR 72143.

Electrical: All concessions are allowed one 50 amp service. If you need less than 50 amp you will need to supply your own reducing pigtail for your electric. If you require more amperage you must bring your own generator. No Exceptions.

All **cancellations** must be made no later than 30 days prior to event in order to avoid being liable for the full week's rent.

Items to be sold, _____

Size of booth or length of trailer _____

Amperage required _____

It is agreed & understood by & between both parties that this document represents the entire contract of the parties, & may not be amended without mutual written consent of both parties in the form of an Addendum to this Contract. Either party without written consent of the other party may not assign this Contract. No concealed weapons, firearms or alcoholic beverages are allowed on grounds. Smoking is not permitted inside any building. In the event of any unforeseen calamity or natural disaster such as floods, fires, wars, or tornadoes rendering it impossible to fulfill this contract, then in such event, this Contract shall be null & void.

CONCESSION STANDS MUST BE IN PLACE THE DAY BEFORE FAIR OPENING

Renter/Vendor:

White County Fair Association:

Signature

Signature

Date

Date

WARNING: WCFA is not liable for any injury to, or the death of, a participant in activities resulting from the inherent risk of activities. WCFA reserves the right to refuse rental to any party & may deem this contract null & void at any time.

SEARCY ADVERTISING & TOURISM PROMOTION COMMISSION

APPLICATION FOR A&P TAX PERMIT

GROSS RECEIPTS TAX - 1% RESTAURANT / 3% HOTEL

(Please type or print all information.)

NAME OF ESTABLISHMENT - _____ for which an A&P Tax Permit is sought (dba - Name as known to the public)

Physical Street Address of Establishment (no P.O. Boxes):

City: _____ State: _____ Zip: _____

Phone at Establishment: _____ Fax at Establishment: _____

Website for Establishment: _____

Contact Person on Site: _____ Title: _____

Contact Person's Cell #: _____ E-mail: _____

FULL LEGAL NAME OF BUSINESS

that owns the establishment for which an A&P Tax Permit is sought

Please select business type below:

- _____ Sole Proprietorship
- _____ Corporation (Inc.)
- _____ Limited Liability Company (LLC)
- _____ General Partnership (G.P.)
- _____ Limited Partnership (LTD)
- _____ Limited Liability Partnership (LLP)
- _____ Other (Give nature of business below)

TYPE OF ESTABLISHMENT

Food Services

Select all that apply

- _____ Restaurant/Café
- _____ Cafeteria
- _____ Delicatessen
- _____ Convenience Store
- _____ Grocery Store Rest.
- _____ Caterer
- _____ Concession Stand / Event Vendor

Lodging Services

Select all that apply

- _____ Hotel
- _____ Motel
- _____ Extended Stay
- _____ Historic Inn
- _____ Bed & Breakfast

Number of Guest Rooms available to the Public: _____

Seating capacity: _____

Business Billing Name & Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ E-mail: _____

Business Billing Contact: _____ **Title:** _____

I declare under penalty of perjury, that this application (including any accompanying schedules) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete application.

Original Signature of Owner/Partner/Officer

Printed Name of Owner/Partner/Officer

Date

RETURN COMPLETED FORM TO:

SEARCY A&P COMMISSION
 2221 BENTON STREET
 SEARCY, AR 72143
 PHONE: 501-278-4393 FAX: 501-508-6461
 Email to: Tim@BlansettCPA.com

OFFICE USE ONLY

Present Owners Permit #: _____
 Date Opened on System: _____
 Previous Owner's Permit #: _____
 Date Closed on System: _____