## SOUTH CAROLINA STATE FAIR CONCESSION APPLICATION FOR OUTSIDE SPACE

Complete and mail to: SOUTH CAROLINA STATE FAIR ATTN: TIM WILSON P.O. BOX 393 COLUMBIA, SC 29202

TELEPHONE: 803-799-3387 — FAX: 803-799-1760 — WEB SITE: www.scstatefair.org

Name of Business:				_
Name & Title of Applican	nt:			_
Email:	Phone:	Cell Phone	2:	_
Address:	Box City			_
Street/. List name(s) of all person	Box City s, distributors, or companies having an own	nership/interest in this e.	State Zip xhibit or concession:	
	Check One) used for the purpose of selling merchandise pace used to sell food & certain beverages.	or service.		_
SPACE IS ASSIGNED,	APH OF THE CONCESSION IS REQUI IT WILL BE ASSIGNED AT THE DISC NCESSION, PRODUCT MIX OF TOTA	CRETION OF THE FA	AIR MANAGEMENT BAS	AT OUR FAIR. IF SED ON
Size of total space needea	l: Width: Depth:(Include sp	ace for awning, door op	enings, etc. We prefer detac	hable hitches)
What electrical requireme	ents are requested at each location: Watts:	Voltage:	Phase:	
Are you able to operate to	otally self-contained (power, water and sew	er)?: YesNo _		
Brief description of your	conession:			
	er, wine, liquor, and non-alcoholic beer are			<u> </u>
	ct(s): \$			
	previous SC State Fair? If yes, under what i			<u> </u>
LIST THREE BUSINES	SS OR FAIR REFERENCES: (Please inc	lude address and phone	number)	
1.				
I certify, to the best of my	v knowledge, that the above information st	ated in this application	form is complete and true.	
Signed		Date		