SOUTH CAROLINA STATE FAIR CONCESSION APPLICATION FOR OUTSIDE SPACE

OCTOBER 11-22, 2023

Complete and email to brents@scstatefair.org

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

Name of Business:						
Name & Title of Applicant	:					
Email:	Phone:		Cell Phone:			
Address:	Pox					
Street/B List name(s) of all persons	Rox , distributors, or companies h	City aving an ownership/i	nterest in this exhibit o		Zip on:	
TYPE OF EXHIBIT: (CA Direct Sales: Space us Food Concession: Spa	heck One) sed for the purpose of selling takes used to sell food & certain	merchandise or servion beverages.	ce.			
	PH OF THE CONCESSION ENT BASED ON APPEARA VAILABILITY.					
If space is not available, d	o you wish to be placed on thi	s year's waiting list?	Yes No			
Size of total space needed:	Width: Depth:	_(Include space for a	wning, door openings	, etc. We pr	efer detachabi	le hitches)
What electrical requiremen	nts are requested at each loca	tion: Watts:	_Voltage:P	hase:		
Holding Tank Capacity:	Location of Space:					
Brief description of display	y:					-
Product(s) to be sold (beer	r, wine, liquor, and non-alcoho	olic beer are not peri	nitted):			
Proposed prices of produc	t(s): \$					
Have you had space at a p	revious SC State Fair? If yes,	under what name?_				-
LIST THREE BUSINES	S OR FAIR REFERENCES	: (Please include add	lress and phone numbe	er)		
1.						
3.						
I certify, to the best of my	knowledge, that the above in	formation stated in t	his application form is	s complete d	and true.	
Signed		Date				