Iowa State Fair

APPLICATION FOR CONSIDERATION FOR ATTRACTION CONCESSION SPACE

August 8-18, 2024 (Please print or type)

Name of firm		
Name of owner(s) to appear on lease		
Onsite representative		
Permanent street address City Business phone		
City	_ State	Zip code
	_ Owner our priorie	
Onsite rep cell phone Website		
	-	
ATTACH OR LIST BELOW ALL ATTRA OFFERED FOR SALE (Gifts, novelties a listed.)	and souvenir items must b	oe individually and specifically
ONLY THOSE ITEMS LISTED ABOVE VONLY ITEMS LISTED IN YOUR LEASE		
Size of space requested:		
Minimum size if requested size is not available.	ailable:	
Electrical service: number of amps on m	ain circuit breaker:	
Describe your booth operation by marking	ng all that apply:	
[] Using sound amplification	[] Charge admission	on or participation fee (Amount \$)
Other information:		
List references from two fairs or exposition	ons in which you participa	ated in during 2023.
(List complete event name, event coordi	nator and phone number.	.)
EVENT	CONTACT	PHONE #
1		
THIS IS ONLY AN ADDITION FOR	MEDCUANDISE/ATTDA	
THIS IS ONLY AN APPLICATION FOR IS NOT A SPACE RENTAL LEASE.	WERCHANDISE/ATTRA	CHON CONCESSION SPACE AND
I agree to abide with all Iowa State Fair rethe information in the Space Rental Guid and true, to the best of my knowledge.		
Signature	Date)
	Important Notice	

Include with the application a color photograph or detailed color schematic drawing of what the display will look like and how you intend to utilize the rental space. (Must be included for this application to be considered.) **Application deadline June 1, 2024. Earlier is better!**

Mail: Concessions and Exhibits Department, Iowa State Fair, PO Box 57130, Des Moines, IA 50317 Email: concessions@iowastatefair.org