



# Mohave County Fair Vendor Application

Dear Vendor:

The Mohave County Fairgrounds & Event Center is currently accepting applications for the 2024 Mohave County Fair! The Fair is scheduled to be held at the County Fairgrounds: 2600 Fairgrounds Blvd., in Kingman, Arizona on the following dates and times:

**Thursday, September 12th – 10 AM to 10 PM (8 PM Indoor Vendors)**  
**Friday, September 13th – 10 AM to 10 PM (8 PM Indoor Vendors)**  
**Saturday, September 14th – 10 AM to 10 PM (8 PM Indoor Vendors)**  
**Sunday, September 15th – 10 AM to 4 PM**

Due to the high demand for indoor booths, vendors are limited to only TWO indoor booths. There are plenty of outside booths available as well. The indoor booths will be available on a first-paid, first-serve basis for ALL prospective vendors. Returning vendors cannot be guaranteed the same location as in previous years. There can be no verbal reservation or location agreements of booths. Incomplete applications will be returned for the vendor's completion.

**THE DUE DATE OF COMPLETED APPLICATION IS August 9<sup>th</sup>, 2024.**

We are looking forward to your participation this year, and we hope all successes will exceed your expectations!

Please direct all booth contracts and related communications to Shana Westbrook:

Email: [westbs@mohave.gov](mailto:westbs@mohave.gov)

Phone: 928-753-8620

Completed applications can be accepted via email or in person at the Fairgrounds & Event Center office, and payments accepted are Cash and Credit Cards.

2600 Fairgrounds Blvd, Kingman Arizona 86401

Phone Number: 928-753-8620

Website: <https://parks.mohave.gov/parks/fairgrounds/>

## Vendor Application

### Contact Information:

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Social Media \_\_\_\_\_

### Booth Information:

In order to continue providing a safe and well-planned event, we need to know about your booth type, products you offer, and other information as well as your insurance information. **Please note: Sales of certain items are strictly prohibited at the County Fair. Please see the detailed list of prohibited items BEFORE submitting your application.**

Space requirements (feet & inches): length \_\_\_\_\_ X depth \_\_\_\_\_

Will you use a power generator?  yes  no      Will your booth have amplified music?  yes  no

Please list and/or describe all products and services that will be offered below

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Please list any special requests:

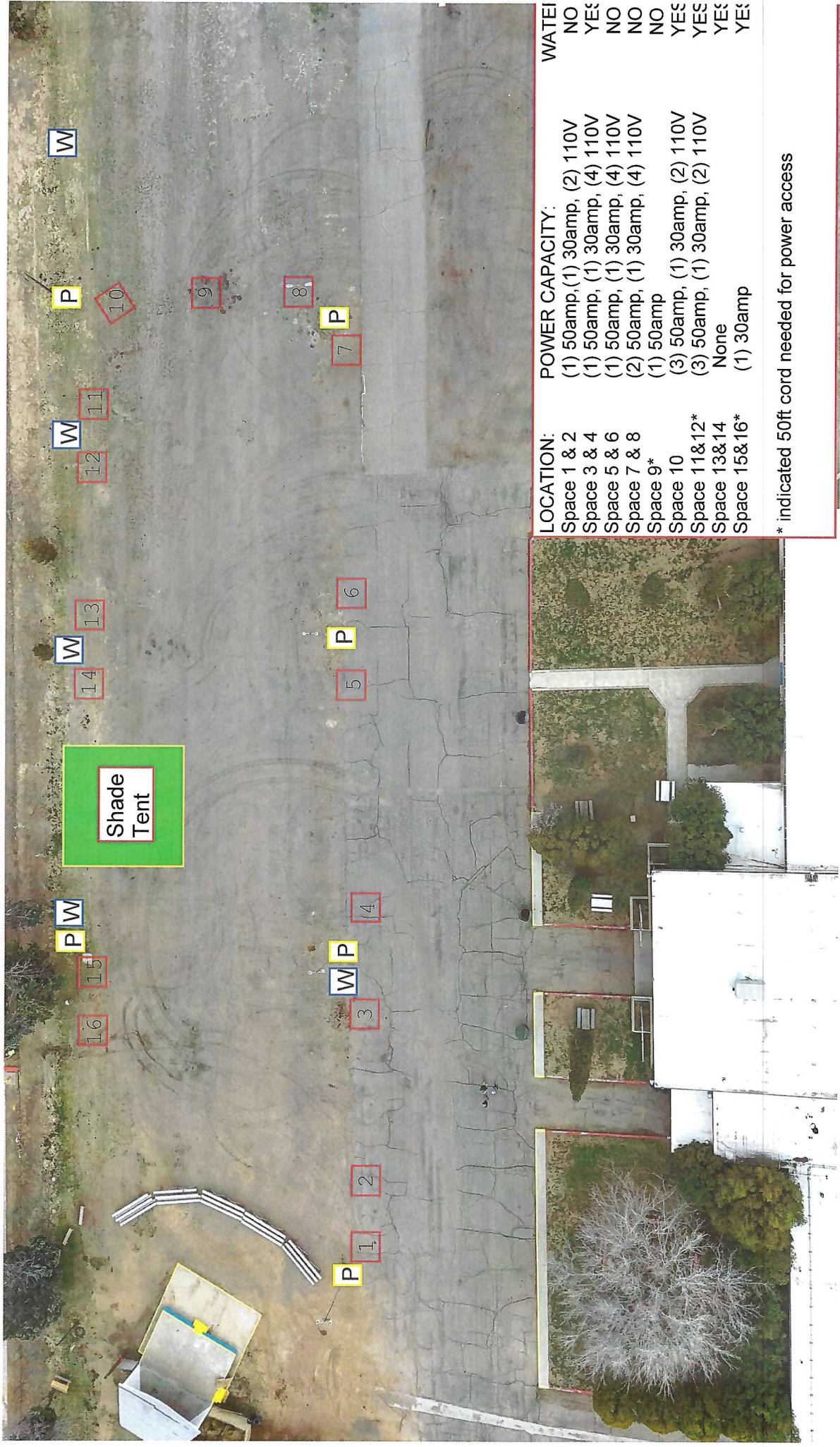
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Booth type/ Location	Size	Power	Fees
Inside Booth	10 X 10	With Electric (110v)	\$325 / Fair wknd
	10 X 10	Without Electric	\$300 / Fair wknd
Outside Booth	10 X 10	With Electric (110v)	\$275 / Fair wknd
	10 X 10	Without Electric	\$250 / Fair wknd
Food Booth	Space is Negotiable	With Electric (50amp)	\$850/Fair wknd
	Space is Negotiable	With Electric (110v, 30amp)	\$825 / Fair wknd
	Space is Negotiable	Without Electric	\$800 / Fair wknd
Cleaning Fee (if applicable)	<b>Per Booth</b> - A cleaning fee will be assessed if booth/space has excessive amounts of trash or discarded materials on them		\$150.00 / booth
RV: Electric / Water hookups	Limited Spaces**	Nights: _____	\$40.00 / Night
Dry Camp		Nights: _____	\$20 / Night



LOCATION:	POWER CAPACITY:	WATER:	LOCATION:	POWER CAPACITY:	WATER:
Space 17&18	None	NO	Space 45-48	(4) 110V	NO
Space 19&20	(1) 110V	NO	Space 49-53	(1) 50amp, (1) 30amp, (4) 110V	NO
Space 21&22	(1) 110V	NO	Space 54	(1) 30 amp	NO
Space 23&24	None	NO	Space 55-57	None	NO
Space 25-30	None	NO			
Space 31-33	(1) 110V	NO			
Space 34-41	None	NO			
Space 42-44	(1) 30amp, (1) 110V	NO			

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LOCATION:	POWER CAPACITY:	WATER:
Space 1 & 2	(1) 50amp, (1) 30amp, (2) 110V	NO
Space 3 & 4	(1) 50amp, (1) 30amp, (4) 110V	YES
Space 5 & 6	(1) 50amp, (1) 30amp, (4) 110V	NO
Space 7 & 8	(2) 50amp, (1) 30amp, (4) 110V	NO
Space 9*	(1) 50amp	NO
Space 10	(3) 50amp, (1) 30amp, (2) 110V	YES
Space 11&12*	(3) 50amp, (1) 30amp, (2) 110V	YES
Space 13&14	None	YES
Space 15&16*	(1) 30amp	YES

\* indicated 50ft cord needed for power access

		<b>Total Due:</b>	
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**Vendor booth set-up times:**

Tuesday, September 10<sup>th</sup> – 10 a.m. to 4 p.m. and/or Wednesday, September 11<sup>th</sup> – 10 a.m. to 8 p.m. **Vendor**

**booth tear-down times:**

Sunday, September 15<sup>th</sup>, 4:30 p.m. – 8 p.m. or Tuesday, September 16<sup>th</sup>, 9 a.m. to 4 p.m.

**Insurance Information**

Insurance is a requirement in order to have a booth or space at the Mohave County Fairgrounds & Event Center. Please provide proof of your existing insurance information. The specifications listed on pages 5-8, are yours to keep. You may show this information and examples to your agent and they should know exactly what to provide you. *Mohave County Fairgrounds & Event Center staff will verify the insurance status.*

**Vendor Contract**

By signing this Contract, vendor(s) certify that he/she has read, understood, accepts, and agrees to comply with all terms and conditions of the Mohave County Fair Concessionaire Rules & Regulations, and he/she have received a copy of the rules and regulations. There will be no exceptions to the policy.

Vendor- Authorized representative agrees that the vendor(s) and related personnel can comply with this policy before applying.

**Please initial your acknowledgment for each policy:**

\_\_\_\_\_ Vehicles will ONLY be allowed on the grounds between 10 a.m. and 4 p.m. Tuesday and Wednesday (9/10-9/11). Food Trucks will be able to restock with vehicles before 7:30 a.m. each day.

\_\_\_\_\_ All booths must remain fully in place until 9:30 p.m. Any booth removal before the end of the event will not be refunded, and the vendor will not be guaranteed vendor approval in the future.

\_\_\_\_\_ All rental, insurance, license fees, and applicable deposits must be paid in full and on file prior to set up.

\_\_\_\_\_ All food vendors must obtain a Health Permit from the Mohave County Environmental Health Department; this also includes any vendors who are giving away any food products.

\_\_\_\_\_ Vendor must provide your own tables and chairs and extension cords. Extension cords must be exterior rated and of proper gauge for current demand.

\_\_\_\_\_ No fees will be returned if these rules and those contained in the attached contract are not followed and you are asked to leave.

\_\_\_\_\_ To be a vendor the necessary Certificate of Insurance from your insurance company must be obtained and submitted. Be sure the additional insured part must read:

**Mohave County, Arizona P.O. Box 7000, Kingman AZ 86402 Attn: Fairgrounds**

The vendor accepts all rules, regulations, and instructions to attend the 2024 Mohave County Fair.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Vendor Application Completion Check List

- Written Application Complete
  - Contact Information
  - Booth Information
  - Total Fee Calculation
  - Insurance Required Acknowledgement
  - Initial all required lines in Vendor Contract
  - Signature
  - Turned into the Fairgrounds office or emailed to westbs@mohave.gov
- Applicable Fees Paid at Fairgrounds Office or by credit Card over the phone: 928-753-8620
- Certificate of Insurance
  - Commercial General Liability
    - Commercial General Liability – Claims Made Form
      - Per Occurrence \$1,000,000
      - General Aggregate \$2,000,000
      - Products–Completed Operations Aggregate \$1,000,000
      - Personal and Advertising Injury \$1,000,000
- Workers Compensation: (if there are no paid employees you may sign the Workers Compensation Waiver)
  - Employer’s Liability Statutory
  - Each Accident \$1,000,000
  - Disease – Each Employee \$1,000,000
  - Disease – Policy Limit \$1,000,000
- Or Workers Compensation Waiver
- Mohave County listed as Additional Insured
  - Mohave County P.O.  
Box 7000  
Kingman, AZ 86402
- A Waiver of Subrogation against Mohave County

## Mohave County Insurance Requirements:

A Certificate of Insurance showing proof of coverage must be on file with Mohave County Risk Management for all vendors. The insurance coverage and provisions required by the County are described below:

### Commercial General Liability

1. Commercial General Liability – Claims Made Form	
a. Per Occurrence	\$1,000,000
b. General Aggregate	\$2,000,000
c. Products–Completed Operations Aggregate	\$1,000,000
d. Personal and Advertising Injury	\$1,000,000

### Commercial Auto Liability

1. Combined Single Limit	\$1,000,000
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**Workers Compensation:** (if there are no paid employees you may sign the Workers Compensation Waiver)

1. Employer's Liability	Statutory
a. Each Accident	\$1,000,000
b. Disease – Each Employee	\$1,000,000
c. Disease – Policy Limit	\$1,000,000

**Note: If a sole proprietor without employees is providing the service, proprietor can sign the Workers Compensation Waiver form in lieu of providing proof of WC insurance.**

For CGL and Auto insurance, **“Mohave County, a body politic and corporate of the State of Arizona, its Board members, officers, employees, volunteers, agents and other officials”** must be named as additional insured on the Certificate of Insurance.

For CGL, Auto, and WC coverage (or only CGL and Auto for those vendors who have signed a WC Waiver form), the Certificate of Insurance must indicate that a waiver of subrogation against **“Mohave County, a body politic and corporate of the State of Arizona, its Board members, officers, employees, volunteers, agents and other officials”** is provided.

### Certificate Holder:

Mohave County, Arizona  
PO BOX 7000  
Kingman, AZ 86402

The Certificate of Insurance should be prepared by your Insurance Agent and submitted to Mohave County Parks.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
[REDACTED]		[REDACTED]	
[REDACTED]		PHONE (A/C, No, Ext):	FAX (A/C, No):
[REDACTED]		[REDACTED]	
[REDACTED]		E-MAIL ADDRESS:	
[REDACTED]		[REDACTED]	
[REDACTED]		INSURER(S) AFFORDING COVERAGE	
[REDACTED]		INSURER A: Phoenix Insurance Company	
[REDACTED]		INSURER B: Travelers Indemnity Company	
[REDACTED]		INSURER C: Travelers Indemnity Co of CT	
[REDACTED]		INSURER D: Argonaut Insurance Company	
[REDACTED]		INSURER E:	
[REDACTED]		INSURER F:	

IN REG W 2017 P1  
**EXPIRED**  
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**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	6802H551494 DED \$0	09/15/2016	09/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS DED \$1,000	X	X	BA1C958663	09/15/2016	09/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10000			CUP9373R232	09/15/2016	09/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X UB3661T816	09/15/2016	09/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liab			IAE13348 - 0 DED \$50,000	09/15/2016	09/15/2017	Per Claim 2,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Liability - Claims Made - Retro Date 09-05-85  
 RE: Contract No. 16-PS-11-05, On Call Professional Surveyor Services  
 Mohave County, its agents, representatives, officers, directors, officials and employees are named as additional insureds as respects to general liability and auto liability. General liability is on a primary and

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
MOHAV-8 Mohave County, Arizona P.O. Box 7000 Kingman, AZ 86402	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Mary Lodwick</i>

**NOTEPAD:**

HOLDER CODE **MOHAV-8**  
INSURED'S NAME **Wood, Patel & Associates, Inc.**

**WOODP-1**  
OP ID: TA

PAGE 2  
Date **01/03/2017**

non-contributory basis. Waiver of subrogation applies in favor of Mohave County, its agents, representatives, officers, directors, officials and employees as respects to general liability, auto liability and workers compensation.

Example of what a Waiver of Subrogation will look like:

POLICY NUMBER: 192911T

COMMERCIAL AUTO  
CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured

**NOT FOR  
PUBLIC RELEASE**

Endorsement Effective Date:

**SCHEDULE**

Name(s) Of Person(s) Or Organization(s):

Automatic Status when required by Contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

## WORKERS' COMPENSATION WAIVER FORM

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. §23-901 (et.seq.), and specifically, A.R.S. §23-961(M), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as:

(Please Print)— Company Name or Name of Sole Proprietor

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I am an independent vendor with permit from Mohave County, Arizona, to operate at Mohave County Parks. Neither I nor any of my staff are employees of Mohave County, Arizona, for workers' compensation purposes. Therefore, neither I nor any of my staff are entitled to workers' compensation benefits from Mohave County, Arizona.

I agree and understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received for Mohave County by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this waiver will be kept on file and will be available for audit purposes.