



Bloomsburg Job Fair 2019 Application

To all Vendors:

Free Booth, Free Electric, Free 8' table with 2 chairs in a 10 x 10 area. Tables are limited on a first come first serve bases. **Free Business name included in an email blast. Free Business name/Logo ID on Bloomsburg Fair Facebook Page.** The event will be held in the Industrial Building on Thursday, February 21st, Friday, February 22nd & Saturday, February 23rd, 2019. Thursday Hours are 10am-7pm., Friday Hours are 10am-7pm and Saturday hours are 9am-3pm. Buildings will open at 9am daily for Set up. Tear down will be Saturday, February 23rd after 3pm. Your space must be clean before you leave.

All vendors are required to provide a Certificate of Liability Insurance policy totaling \$1,000,000. The certificate must list the Bloomsburg Fair Grounds as an additional insured. Certificates are to be sent with the application. If you do not have insurance, you can obtain it through your home owners insurance company or Call our office for more information.

Insurance due on or before February 10th, 2019 **NOTE:** Certificate of Insurance must be in and approved by Barb Belles. No vendors allowed without **approved** certificate of Insurance.

Complete and submit a Signed Application and Certification of Liability Insurance Policy to the following address:

Bloomsburg Fair Concession Office
PO Box 479
Bloomsburg, PA 17815
Attn: Barb Belles

***Applications & Insurance due on or before February 10th 2019.**

If you have any questions or concerns feel free to contact Barb Belles at 570-387-4144.
Barb Belles email: concessionsclerk@bloomsburgfair.com

*Vendor Space is limited. * Vendors will be notified upon Approval.



**Application for Bloomsburg Job fair 2019
Located in the Industrial Building @ Bloomsburg Fair**

Business Name: _____

Contact Person: _____

Address: _____

City: _____

Phone: _____

Email Address: _____

Please specify Description of Business: _____

Number of Spaces Needed: _____

Electricity Needed:

Circle one

Yes

No

Signature _____

Approved By:

Date:

Date Received: _____ REP: _____

Send Application and Insurance to:

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