



The Genesee County Agricultural Society presents

The Genesee County Fair

July 18th–25th

2026

FOOD VENDOR CONTRACT

Company Name to be listed: _____ NYS Tax ID No.: _____

Contact Person: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ Email Address: _____

Website: _____

Please list the goods, services, attractions you will be exhibiting: _____

Please list any special conditions: _____

Indoor Space

Spaces are 10ft. X 10ft. for \$200
A single standard 110v electric receptacle is included.

of spaces requested: _____ X \$200 = \$ _____

Outdoor Space

Spaces are sold in frontage increments.

Each frontage foot is \$20
(Minimum of 10 frontage feet)

Front footage: _____ X \$20/front ft. = \$ _____

Please specify depth needed: _____

SPACE ALLOCATIONS ARE AT THE DISCRETION OF FAIR MANAGEMENT AND ARE NOT NEGOTIABLE

Camping Available

Tents (NO hook-ups) - \$75ea..... # of spaces requested: _____ X \$75 = \$ _____

Camper/Motorhome—Includes basic water and electric) - \$350..... # of spaces requested: _____ X \$350 = \$ _____

Performance Deposit

All exhibitors are required to submit a performance deposit of **\$100.00** which will be returned to you at the close of Fair on Saturday if your booth remains intact until 10pm. Anyone who leaves before this time surrenders the performance deposit.

Subtotal of above contract fees: \$ _____

Performance Fee:..... \$100.00

Total DUE NOW:..... \$ _____

Please mail contract & payment to:

Rose Topolski

8 Wilson St. LeRoy, NY 14482

Questions??? (585) 356-9051 or rtopolski@me.com
PLEASE MAKE CHECK PAYABLE TO GCAS

Exhibitor Name (Printed): _____

Signature of Exhibitor: _____

Date: _____

FOOD VENDOR CHECKLIST:

All items should be sent to the Fair as soon as possible, and **must** be received prior to set-up.

_____ Signed Contract

_____ All Fees **including** Performance Deposit

_____ Rules and Regulations Acknowledgement (Contract is not valid unless acknowledgement is signed)

_____ Tax ID Number

_____ Certificate of Insurance naming Genesee County Agricultural Society & Genesee County Fair as additionally insured

_____ Workers' Compensation Form

_____ Retain a copy of the contract and all documents for your records

Any questions or concerns may be addressed by calling Rose Topolski at (585) 356-9051 or by e-mail at rtopolski@me.com We look forward to working with you. See you at the Fair!

Food Vendor Rules and Regulations Acknowledgement :

In order to become a Commercial Vendor at The Genesee County Fair you must sign below acknowledging that you have read the Rules & Regulations.

By signing below, I agree to the following (Please initial on each line)

_____ I have received a copy of the "Commercial Vendor/Food Vendor Rules & Regulations

_____ I have read and understand each and every Rule and Regulation

_____ I declare that I will comply with all of the Rules and Regulations

Company/Business Name: _____

Exhibitor Name: _____

Signature: _____

Date: _____

Please mail this form along with payment and insurance info to:

Rose Topolski

8 Wilson St.

LeRoy, NY 14482

PLEASE MAKE CHECKS PAYABLE TO GCAS