

2010 ERIE COUNTY FAIR
CONCESSIONAIRE INSURANCE APPLICATION

Concessionaire (Business) Name:

Individual Name:

Address:

_____ City _____ State _____ Zip

Phone No. Business: () _____ Residence: _____

Concession Type: Exhibit Food Game

Description of Exhibit/Game:

Number of Stands/Exhibits: _____

Cost:	Exhibit/Food	\$70 First Location	\$ _____
		\$50 Each Additional	\$ _____
	Games	\$85 Each Game	\$ _____
	Golf Cart Liability*	\$270 Per Cart	\$ _____
		Total Amount Due:	\$ _____

*Golf cart liability includes 1 (one) exhibit/food location.

Make Check Payable To &
Mail With This Application To:

JACOB HAUCK AGENCY
141 Buffalo Street
Hamburg Village Square
HAMBURG, NY 14075

Refer all questions to: June Gustafson (716) 362-7374 (jgustafson@walshins.com) or
Bob Sauda (716) 362-2422 (rsauda@walshins.com).
FAX: (716) 649-6772

OFFICE USE ONLY: Date Payment Received: _____

Amount of Payment Received: _____

Check/M.O. [] Cash []