



2019 NEW YORK STATE FAIR CORPORATE SPONSORSHIP APPLICATION

• August 21 – September 2, 2019 •

**COMPLETE ALL PAGES IN FULL • PLEASE TYPE OR PRINT
ALL HEADINGS IN BLUE MUST BE COMPLETED
RETURNING SPONSORS MUST COMPLETE PART 5
NEW SPONSOR MUST COMPLETE PART 6**

Received Stamp:

Rev. 12/2018

DATE OF APPLICATION: _____

ARE YOU A RETURNING CORPORATE SPONSOR FROM 2018: Yes No

If yes, has there been any name and/or address change since the 2018 State Fair: Name Address

1. BUSINESS INFORMATION	
Legal Business Name (as shown on your income tax return):	Taxpayer Identification # (TIN) - must match name given under "Legal Business Name": Social Security # _____ - _____ - _____ OR Employer ID # _____ - _____ - _____
Legal Business Address (as shown on your income tax return):	City, State, Zip
Mailing Address (if different than above):	City, State, Zip
Phone Number:	Cell Number:
Authorized Contract Signer (please print):	Signer Title:
Signer Phone Number:	Signer Email:
▶▶▶ Important Information will be sent to the signer email above – Please be sure to check it regularly! ◀◀◀	
Name of Manager (on site during Fair)(if applicable):	Manager Cell Number (if applicable):
Name of Your Exhibit (as it will appear to the Fairgoer)(if applicable):	
2. BUSINESS CHARACTERISTICS	
Business Entity Type – Please check appropriate box and provide additional information:	
<input type="checkbox"/> Corporation (including PC)	Date of Incorporation:
<input type="checkbox"/> Limited Liability Company (LLC or PLLC)	Date Organized:
<input type="checkbox"/> Limited Liability Partnership	Date of Registration:
<input type="checkbox"/> Limited Partnership	Date Established:
<input type="checkbox"/> General Partnership	Date Established: County (if formed in NYS):
<input type="checkbox"/> Sole/Individual Proprietor	How many years in business:
<input type="checkbox"/> Other (e.g. Government)	Date Established:
If Other, Explain:	
Was the Business Entity formed in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" indicate jurisdiction where Business Entity was formed:	
Is the Business Entity currently registered to do business in NYS with the Department of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Business Entity registered as a Sales Tax Vendor with the NYS Department of Taxation and Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" explain and provide detail, such as "not required", "application in process", or other reason for not being registered.	

3. FINANCIAL and ORGANIZATIONAL CAPACITY	
Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments (not including UCC filings) filed against the Business Entity which remain undischarged or were unsatisfied for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. SPECIAL REQUESTS

The following requests require prior approval from Fair administration (decisions are made during the application and approval process and are reflected in your Sponsorship Agreement):

Do you plan to hold a contest, registration, award a prize or have a give-away? <i>• Sample entry forms & list of prizes to be offered are required with application</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
List prizes and values: _____ _____ _____	
Do plan to use a microphone/amplified sound system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. RETURNING SPONSORS

CHECK THE APPROPRIATE BOX(ES)

- WOULD LIKE TO RENEW MY SPONSORSHIP FROM 2018 OF: _____
- WOULD LIKE TO CHANGE MY SPONSORSHIP FROM 2018 TO: _____
- WOULD LIKE TO RENEW THE SPONSORSHIP LOCATION(S) OCCUPIED IN 2018
- WOULD LIKE TO CHANGE THE SPONSORSHIP LOCATION(S) OCCUPIED IN 2018 TO:

- Your location will be determined by Fair Management, **locations are subject to change year to year.**

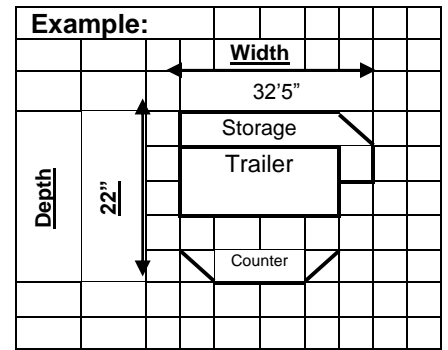
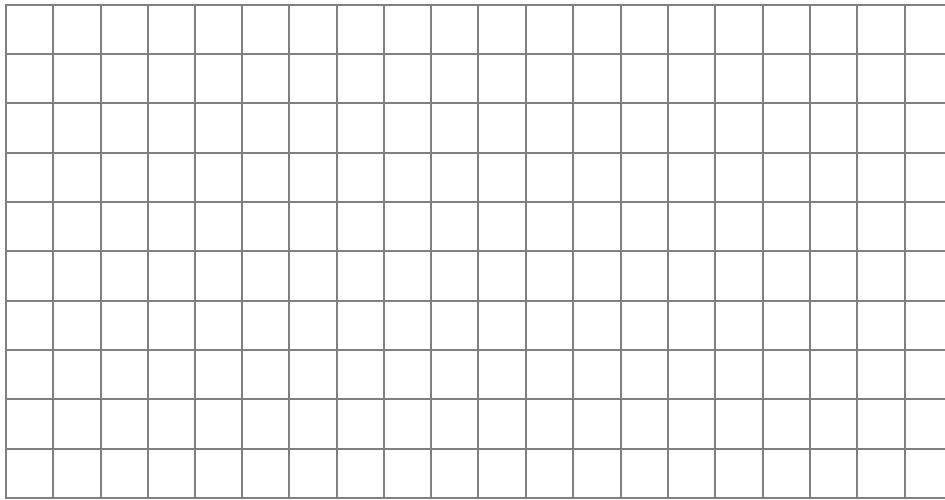
6. NEW SPONSORS

Have you previously been a sponsor at the New York State Fair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, What Year(s)?	
I am interested in space during the 2019 Fair (if yes – please complete Parts 7 -10)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to be a sponsor of:	

7. LOCATION DETAILS (if applicable)

- A COLOR PHOTO OR PROFESSIONAL SKETCH OF THE EXHIBIT/BOOTH AND ANY LITERATURE PERTAINING TO YOUR PRODUCTS/SERVICES MUST BE ATTACHED.
- TYPE OF SPACE DESIRED: Inside Outside Either → How many working sides? _____ (serving from)
- DIMENSIONS: Front and Depth footage required when set up → _____ Width X _____ Depth = _____ Total Sq. Ft.
▶ Must include footprint of your entire layout
- **IMPORTANT: SIZE MUST INCLUDE THE FOLLOWING -- AWNINGS, SERVICE AREA, PREP AREA, TIE-ONS, OVERHANGS, TRAILER HITCHES, GAS TANKS, ANYTHING EXTENDING OUT FROM YOUR UNIT OR DISPLAY AREA.**

Please create a footprint of your entire layout. Include storage area, counters, etc. with dimensions



8. EXHIBIT SPACE DETAILS (if applicable)

DESCRIBE YOUR BOOTH OPERATION BY CHECKING THE FOLLOWING THAT APPLY:

NOTE: Product/Service brochures are required with the application. Do not send product samples.

- Making Cash Sales
- Order Taking
- Taking Deposits with Orders
- Present a Demonstration
- Display Product/Service Only
- Sampling (must provide list under PRODUCTS/SERVICES and if food must comply with all NYS Health Dept. regulations)

9. PRODUCTS and SERVICES (if applicable)

The New York State Fair requires that **ALL** products and services sold/displayed during the Fair be approved in advance. Please provide a list of all **products** or **menu items** (not prices) to be sold, promoted, displayed or given away to be considered for the 2019 Fair. *(you may attach additional sheets if necessary)*

ITEM(S)	ITEM(S)

10. UTILITY DETAILS (if applicable)

INDICATE WHETHER YOUR SPACE REQUIRES: Running Water Access to Water Access to Sewer

ELECTRICAL NEEDS: Please indicate all electrical needs, you **must** account for **ALL** equipment that will need power. *(you may attach additional sheets if necessary)*

Equipment/Device	Voltage	Amps	1 or 3 Phase
			<input type="checkbox"/> 1 <input type="checkbox"/> 3
			<input type="checkbox"/> 1 <input type="checkbox"/> 3
			<input type="checkbox"/> 1 <input type="checkbox"/> 3

NOTE: All Sponsors are required to supply all of their own electrical material (power cords, strips, etc.). Sponsors are responsible for any damage to underground utilities if hit by tent stakes, etc. Outside Sponsors may not connect or disconnect themselves.

11. CERTIFICATION

The undersigned; recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies or political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination.

The undersigned certifies that he/she:

- Is knowledgeable about the submitting Business Entity's business and operations;
- Has read and understands all of the questions contained in the questionnaire;
- Has not altered the content of the question set in any manner;
- Has reviewed and/or supplied full and complete responses to each question;
- To the best of their knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments; if applicable;
- Understands that New York State will rely on information disclosed in this questionnaire when entering into a contract with the Business Entity; and
- Is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of the contract submission, and may be required to update the information at the request of the state's contracting entity or the Office of the State Comptroller prior to the approval of a contract, or during the term of the contract.

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE RETURN YOUR ORIGINAL COMPLETED APPLICATION TO:

BY MAIL: NEW YORK STATE FAIR • Attn: SPONSORSHIP DEPT.
581 STATE FAIR BLVD. • SYRACUSE, NEW YORK 13209

▶▶▶ APPLICATIONS CAN NOT BE FAXED OR EMAILED ◀◀◀