



2026 Commercial Booth Application

August 24-29, 2026

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Emergency Contact / Alternate Contact: _____ Alt. Phone: _____

Please Check Appropriate Boxes:

☐ 10 x 10 Single Space ☐ 10 x 20 Double Space ☐ 10 x 30 Triple Space ☐ Other

☐ Inside Air-Conditioned ☐ Inside Non-Air-Conditioned ☐ Outside

☐ Retail Sales Space (additional fee for Direct Sales)

☐ Electricity Needed Amperage needs: _____ ☐ Water Needed

☐ Internet / WIFI Needed

Are you interested in becoming a 'Friend of the Fair' Sponsor? ☐ Yes ☐ No

Do you plan to hold a contest, registration, award a prize, or have a give-away? ☐ Yes ☐ No

If so, please explain in detail: _____

Please provide us with a list of products or services to be exhibited or sold within your booth space: (be specific – attach brochures or pamphlets regarding the products or services if possible)

Disclaimer: Application is for vendor or exhibitor space at the 100th Appalachian Fair and must be filled out completely. Attach a brief description and photos, if possible, of your display with this application. Photos will be used by the committee to determine acceptance of application. An application does not guarantee a space. A committee will evaluate your application and if accepted you will receive information regarding vendor space from a representative of the Appalachian Fair including information on payment of a non-refundable deposit.

Proof of liability insurance will be requested of all vendors and exhibitors with the Appalachian Fair Association, Inc. named as additional insured. All applicants must comply with all state and local health, fire, and safety requirements.

DO NOT SEND MONEY WITH THIS APPLICATION! Invoices will be emailed after approved acceptance for 2026. Invoices will be sent beginning in April 2026. Minimum cost for the full 6-days is \$450, which includes (3) full week entrance and parking passes. Additional number of passes available at a reduced rate.

I certify to the best of my knowledge that the above information is complete and true:

Applicant Signature: _____ Date: _____