



*All applications must be filled out completely and mailed
With copies of all required local permits and licenses by April 1, 2009*

SPECIALTY NOVELTY VENDOR APPLICATION

Company Name: _____

Contact Name: _____

Address: _____

City _____ State _____ ZIP Code _____

Home Phone: () _____ Alternate Phone: () _____

Fax Number: () _____ Email: _____

Resale #
(Attach Copy) _____

Attach Proof of Insurance: Please list Branson Airport, LLC as Additional Insured.

_____ Number of Booths Requested _____ Number of passes needed for booth personnel
_____ 10' x 10' Booth - \$1,200.00 _____ 10' x 20' Booth - \$1,500.00 _____ Special Size – Contact
Sheila Rinehart: djs@djsfood.com

Proposed retail items (Attach list if needed): _____

Comments Section: _____

Amount \$ _____ Check # _____ Make Checks Payable to **BRANSON AIR SHOW**

Booth set up Thursday, May 7, 2009 from 8:00 AM to 6:00 PM

_____ I understand that I am to supply my own tables, chairs, coverage and signage and the Branson Air Show will not provide me with any electrical power or tie downs. Contact Sheila Rinehart for special requirements.

_____ I must provide proof of insurance.

No cars or trucks may be parked on the field during show hours.

No refunds after April 1, 2009.

By signing this application I agree to the above conditions and understand that space is limited and the Branson Air Show reserves the right to refuse this application.

Signature _____ Date _____