Department of Economic and Community Development

Connecticut® still revolutionary

The Connecticut Building
Exhibitor Application

2016 Big E

West Springfield, MA

APPLICANT INFORMATION

Business/Organization Name: _____

Business Also Known As (if different from above): _____

Please check one: _____ For Profit _____ Non-Profit

Street Address: _____ Town: _____ Zip: _____

Website Address: _____

Facebook page: _____

Contact Name & Title: _____

Email Address: _____

Telephone Number: _____ Cell Phone: _____

Are you incorporated in the State of Connecticut? __ Yes __ No Year of Incorporation: _____

Are you recognized as an entity authorized to conduct business in the State of Connecticut?
___ Yes ___ No

How many paid employees do you employ? _____ Full-time _____ Part-time

How many paid employees will you employ during the fair? _____

Type of Applicant: ____ New ____ Returning

If returning, indicate how many years you have been an exhibitor in the CT Building _____

Type of Exhibitor:

_____ Full Time (17 days) _____ Part-time (2 or more consecutive days) _____ 1 day only (Showcase booth)

If part-time, indicate how many days you would like to exhibit: _____

Approximate square footage requested: _____ *($25 per square foot)*

Preferred dates:_____

** Note: Dates are not guaranteed. Applicant must be flexible.*

UTLITIES, AMENITIES, EQUIPMENT

Indicate the utilities and amenities that your exhibit will require.

Note: Installation of any equipment (appliances, specialty plumbing, sinks, power outlets, etc.) and the maintenance and/or repair of any and all such equipment is the responsibility of the exhibitor. Its use will be reviewed and approved at the discretion of the State of Connecticut Dept. of Administrative Services' facilities manager according to building code and the Town of West Springfield's fire code.

_____ Water/Plumbing

_____ Hand-sink

_____ Electricity

_____Internet Access _____ Hard line _____ Wireless

** Internet access is available through an approved Eastern States Exposition vendor and is at your own expense.*

_____ Use of state-owned walk-in refrigerator. Approximate square footage: _____

**space is limited and there is a cost associated with use*

_____ Use of state-owned walk-in freezer. Approximate square footage: _____

** space is limited and there is a cost associated with use*

_____ Storage in basement of building. Approximate square footage: _____

** space is limited and there is a cost associated with use*

_____ Dry Storage *(also known as Dead Storage)* Type of storage unit: _____ (i.e. trailer, POD)

** vendors are provided an area in which to park a dry storage unit free of charge courtesy of the Big E. Your unit is accessible during the fair, but cannot be moved until after the fair closes.*

_____ Propane

** Propane is available through an approved Eastern States Exposition vendor and is at your own expense.*

_____ Other. List any special needs:

NARRATIVE

Provide complete and thorough answers to the following questions. Please submit on separate 8 ½ by 11 paper.

1. The goal of the Connecticut Building is to promote the State's agriculture, natural resources, Connecticut-based industry, tourism and culture and to celebrate the talent, skill and innovation of Connecticut artists, craftspeople, agricultural producers and manufacturers. Describe how your booth will contribute to this goal.

2. What is the mission of your company/group/association?

3. Describe the educational opportunity you will provide visitors including the intended "message" of your exhibition booth and how you intend to convey that message.

4. Describe, in detail, the product(s), services, and/or informational materials that you plan to distribute and/or sell while exhibiting. **** Note: Only items approved by DECD will be allowed for sale in your booth.***

5. Is all merchandise/product(s) or parts thereof made in Connecticut? Where? By Whom? Provide detailed information.

6. If merchandise/product(s) is NOT made in Connecticut, indicate where each is made and explain how they are altered by your business. ****Note: Merchandise or products not made in Connecticut will require the approval of the Commissioner of the Dept. of Economic & Community Development.***

7. Describe your exhibit booth. Include information about the exhibit design and concept, fabrication materials, layout and other relevant display features. ***Note: Applicants are required to submit drawing, schematic and/or photograph of exhibit.***

8. For food vendors, indicate how you will sell your products – prepackaged, by the piece, etc? ***Note: Food vendors are required to pass inspection and obtain a Permit to Operate a Temporary Food Establishment on the Eastern States Exposition Grounds from the Town of West Springfield Health Department.*** ***New for 2016: Applications for a food permit must be submitted to building management, along with permit fee, no later than Friday, July 8, 2016.***

9. List other fairs/shows/expositions in which you are participating in 2016.

10. Where else, aside from other fairs/shows/expositions, is your product sold?

11. Do you have a facility in Connecticut that is open to the public? Where is it located?

12. 2016 marks the Centennial of the Big E. What are your plans to commemorate this year's celebration?

ALL APPLICANTS MUST SIGN AND COMPLETE THE FOLLOWING

I believe the information contained in this application to be an accurate and true description of our proposed display/exhibit area. I understand that the decision of the State of Connecticut Department of Economic and Community Development Review Committee will be based upon the content of this application. I understand any proposed changes to this application after submission are subject to review before being approved.

I, the applicant, have read, understand and agree to the above statement.

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____

Business/Organization/Association Name: _____