



Bradford County Fair Association, Inc.

2300 N. Temple Ave. Starke, FL 32091
(904) 964-5252

Effective September 1, 2016 (sales tax changed 1/1/18)

**COMMERCIAL USE
FACILITY RENTAL
AGREEMENT**

FACILITY	CAPACITY	SQ. FOOTAGE	SEC. DEPOSIT	RENTAL FEE	SALES TAX	TOTAL
Building #1	350	6,000	\$250.00*	\$500.00 (per day)	\$34.00	\$534.00**
Building #2	550	7,312	\$150.00*	\$300.00 (per day)	\$20.40	\$320.40**
Building #3	200	3,256	\$175.00*	\$350.00 (per day)	\$23.80	\$373.80**
Outside/Stage	10,000+		\$500.00*	\$1000 (per day)	\$68.00	\$1068.00**

* **If your group/organization has a non profit status as recognized by the Internal Revenue Service code a copy of your exemption MUST accompany this application for rental, in addition to be exempt from Florida sales tax you must provide a Florida Sales Tax Exemption Certificate as well.**

Insurance requirement for all commercial rentals: A copy of your General Liability insurance policy with the Bradford County Fair Association, Inc. as an additional named insured will be required.

RENTAL DATE

FACILITY

____ / ____ / ____ _____

Security Deposit* \$ _____

NOTE: Security Deposit will be returned AFTER your event and CANNOT be deducted from the full rental fee. **Due with this application.**

▶ **YOUR RENTAL IS NOT CONSIDERED OFFICIAL UNTIL SIGNED BY AN AUTHORIZED BRADFORD COUNTY FAIR ASSOCIATION, INC. REPRESENTATIVE BELOW AND YOUR DEPOSIT RECEIVED.**

Full Rental Fee** \$ _____

Due when keys are picked up.

◆ Facility is being rented for:

- * Banquet * Fund Raiser * Retail * Event * Party

◆ Please refer to the Rules and Regulations for events serving, selling or dispensing alcohol.

Name of company/group/individual renting the facility:

Person in charge: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____

Cell Phone: _____

Cancellation & Security Deposit Policy

▶ For your rental date to be cancelled and a refund of fees/deposits received: you must notify the Bradford County Fair Association, Inc. **in writing** no later than **60 days prior** to your rental date.

▶ Security deposit will be refunded provided the renter fully complies with the obligations required under the Bradford County Fair Association's Rules & Regulations and the Clean-Up Check list is approved. Failure to comply will cause all monies tendered to be forfeited.

I have read and signed the Rules & Regulations governing the use of the Bradford County Fair Association, Inc. facilities and do hereby agree to abide by them. I further understand that if the key(s) are not returned or lost there will be a \$100 re-key charge.

Renters signature

FL Driver License number

FAIR OFFICE USE ONLY

Accepted for the Bradford County Fair Association, Inc.: _____ Date: ____ / ____ / ____

Fair Manager _____

Security Deposit Recvd: Amt. \$ _____ on ____ / ____ / ____

Final Payment. Recvd: Amt. \$ _____ on ____ / ____ / ____

Keys given to: _____ on ____ / ____ / ____

Security Deposit Returned: NO YES Check # _____

▼ If Deposit is NOT to be returned state reason(s): _____

RETURN ORIGINAL RENTAL FORM to the Fair Office, an executed copy will be returned to you once signed by a Bradford County Fair Association representative.