

The Bradford Agricultural Fair

2300 North Temple Avenue (US Hwy 301) Starke FL 32091-1614 (904) 964-5252
 manager@BradfordCountyFair.com

FACILITY RENTAL AGREEMENT

March 1, 2023

FACILITY	CAPACITY	SQ. FOOTAGE	SEC. DEPOSIT	RENTAL FEE	SALES TAX	TOTAL
Building #1	350	6,000	\$300.00* (per day)	\$600.00 (per day)	\$39.00	\$639.00**
Building #2	550	7,312	\$187.50* (per day)	\$375.00 (per day)	\$23.38	\$399.38**
Building #3	200	3,256	\$250.00* (per day)	\$500.00 (per day)	\$32.50	\$532.50**
Outside/Stage	10,000+	Power is NOT included ***	\$625.00* (per day)	\$1250.00 (per day)	\$81.25	\$1331.25**

* 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.



A copy of your General Liability insurance policy with the Bradford County Fair Association, Inc. as an additional named insured will be requested.

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

Estimated Attendance at your event?

◆ 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: _____

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): _____