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### NEW CLIENT APPLICATION

(This is **not** a contract for space or dates)

In order to have complete data on file and to better serve you, each applicant for events to be held at Wisconsin State Fair Park is required to complete this application and return it to the Event Services Department at Wisconsin State Fair Park.

Applicant: \_\_\_\_\_  
(Name of Company, Corporation, Organization, Partnership or Individual)

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Is your organization (check one)  Not-for-profit  For Profit  State Agency

Event Name: \_\_\_\_\_ Event Type: \_\_\_\_\_

Event Description: Provide a detailed description of the event. (Please include setup and A/V needs, if possible.)

Event Date(s) Considering: \_\_\_\_\_

Move-In/Out Days Required: \_\_\_\_\_

Event Space Required (Sq. Ft.): \_\_\_\_\_ Event Hours: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Ticket Prices: \_\_\_\_\_

Food & Beverage: Concessions (Y / N) Catering (Y / N) Both (Y / N) Other: \_\_\_\_\_

### FACILITY REFERENCES

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Dates: \_\_\_\_\_

If there is other information that you feel would assist us to evaluate your proposed event, please include with this application.

It is understood that this is an application for potential use of Wisconsin State Fair Park **ONLY and does not bind either party**. No announcement of date(s) and/or publicity regarding any event can be made public until a formal License Agreement is fully executed by both the applicant and Wisconsin State Fair Park. **In the event that this application is submitted on behalf of an organization**, the undersigned certifies to be an officer thereof and authorized by the organization to make this application on its behalf. By signing this document, the undersigned certifies that the information contained herein is complete and accurate. **Further, the undersigned hereby authorizes the reference(s) listed in this application permission to release to Wisconsin State Fair Park any information necessary to validate the information contained herein.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date