

2019 BIG E  
September 13-29, 2019  
Connecticut Building Exhibitor Application  
Showcase Booth Exhibitors  
**Cover Page**

**Showcase Booth exhibitors are granted 1 day (possibly 2 days) to exhibit complimentary. The intent is to provide an experience of what's entailed to become a part-time or full-time exhibitor in the Connecticut Building.**

**Exhibitor Application Form**

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business/Organization Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Applicant: \_\_\_\_\_NEW \_\_\_\_\_RETURNING  
(2 year max to register as a Showcase Booth exhibitor)

If returning, indicate the number of years you've exhibited in the Connecticut building: \_\_\_\_\_

**NOTE:** Preferred dates are not guaranteed. Applicants must be flexible.

\_\_\_\_\_

Please check one: \_\_\_\_\_For Profit \_\_\_\_\_Non-Profit

Are you incorporated in Connecticut? \_\_\_\_\_Yes \_\_\_\_\_No Year of Incorporation: \_\_\_\_\_

Are you recognized and authorized to conduct business in Connecticut? \_\_\_\_\_Yes \_\_\_\_\_No

How many paid employees do you employ? \_\_\_\_\_Full-Time \_\_\_\_\_Part-Time

How many paid employee will you employ during the fair? \_\_\_\_\_

Is your place of business open to the public:

\_\_\_\_\_?

If so, how often? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Exhibitor Application Instructions**

- Every applicant (past or new) **MUST** complete the Exhibitor Application Questions using a separate 8 ½ x 11 paper(s).
  - All Exhibitor Applications will be reviewed and rated by a Selection Committee.
  - Past exhibitors should not assume the Selection Committee are familiar with your product/company/service and booth layout.
  - **ALL** applicants must treat this Exhibitor Application process as if it were the first time applying.
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1. Describe how your booth will contribute in supporting the Mission and Purpose Statements.
  2. What is the Mission of your company/group/organization?
  3. Describe the educational opportunity you will provide visitors including the intended “message” of your exhibitor booth. How do you intend to convey that “message?”
  4. Describe the product(s), services, and/or informational materials that you plan to distribute and/or sell while exhibiting. **NOTE:** Only items pre-approved by DECD will be allowed for sale in your booth.
  5. Is all merchandise/product(s), or parts thereof made in Connecticut?  
Where are these products or parts thereof made?  
By whom are these products or parts thereof made?  
**PLEASE** elaborate.
  6. If merchandise/product(s) is **NOT** made/alterd in Connecticut, **PLEASE DO NOT** apply.
  7. Describe your exhibitor booth. Include information about the exhibit design and concept, fabrication materials, layout and other relevant display features. **NOTE:** Applicants are required to submit drawings, schematics and/or photographs of exhibit.
  8. For food exhibitors, indicate how you will sell your product(s).  
Are they pre-packaged, by piece, etc.? **NOTE:** Food exhibitors are required to pass inspection and obtain a Permit to Operate a Temporary Food Establishment on the Eastern States Exposition Grounds. Permit can be obtained from the Town of West Springfield Health Department. **NOTE:** Applicants for a food permit **MUST** be submitted to the Building Management, along with permit fee, **NO LATER** than July 5, 2019. All completed permits and fees will be submitted together by the Connecticut Building Manager(s).
  9. List other fairs/shows/expositions in which you are participating in 2019.
  10. Where else aside from other fairs/shows/expositions, is your product sold?

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Continuation

**Exhibitor Equipment, Utilities and Amenities**

**NOTE:** Installation of any equipment and/or repair of any equipment is the responsibility of the exhibitor. Its use will be reviewed and approved at the discretion of the State of Connecticut Department of Administrative Services' Facility Manager, according to building code and the Town of West Springfield's fire code.

**NOTE:** Any issues, repairs or service required for existing amenities, such as, but not limited to, walk-in refrigeration, walk-in freezer, dishwashers, hand sinks, electrical power upgrades, ovens, warming elements, etc., that take place during the Big E, are at the expense of any and/or all of the amenity/equipment.

Please indicate the utilities and amenities that your exhibit will require.

☐ **Water/Plumbing**      ☐ **Electricity**      ☐ **Hard Line**  
☐ **Hand Sink**      ☐ **Internet Access**      ☐ **Wireless**

(Internet access is available through an approved Eastern States Exposition vendor and is at your own expense. Vendor information will be shared at Orientation.)

\*                      \*                      \*

**NOTE:** The State of Connecticut Department of Economic and Community Development and the Connecticut Department of Administrative Services are not liable for any loss of product due to malfunction of refrigeration and freezer units. Exhibitors are to use these amenities at their own risk.

☐ Use of State-owned Walk-in Refrigerator      Approx. square footage need \_\_\_\_\_

List items to be refrigerated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Use of State-owned Walk-in Freezer      Approx. square footage need \_\_\_\_\_

List items to be in the freezer \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Use of Storage in the basement      approx. square footage need \_\_\_\_\_

☐ Dry Storage (aka Dead Storage)      Type of storage unit: \_\_\_\_\_  
(Complimentary space for storage units)      (i.e. Trailer, POD)

☐ Propane  
(Available through an approved Eastern States Exposition vendor and is at your own expense.)

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Compliance Form

**ALL applicants MUST sign, complete and submit the Compliance Form, along with Exhibitor Application 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 Selection 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, \_\_\_\_\_ (applicant name) have read, understand and agree to the above statement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Applicant Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business/Organization/Association Name