



Department of Economic and  
Community Development



## The Connecticut Building @ the 2018 BIG E

September 14-30, 2018

### Exhibitor Application

#### APPLICANT INFORMATION

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

Business Also Known As (if different from above): \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Facebook page: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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:

Preferred dates:

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

Approximate square footage requested: \_\_\_\_\_ (\$25 per square foot)

*If returning, you are not guaranteed the same location. Advance notification will be given of any changes in booth assignment.*

Please check one:    \_\_\_ For Profit    \_\_\_ Non-Profit

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? \_\_\_\_\_



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**UTILITIES, AMENITIES, EQUIPMENT**

Please 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 Department 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:



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**INSTRUCTIONS: Every applicant (past or new) must provide detailed narrative responses to the following questions. Responses are to be provided on a separate 8 ½ x 11 paper(s).**

*Note: The members of the Review and Selection Committee changes year-to-year. Past exhibitors should not assume the Committee members are familiar with your product, service, booth layout, etc. **All applicants must treat this application process as if it were the first time applying.***

The **mission** is to promote and educate the on the State's agriculture, natural resources, local culinary, Connecticut-based industry, tourism and culture and to celebrate the talent, skill and innovation of Connecticut artists, craftspeople, agricultural producers and manufacturers.

1. 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 exhibitor booth. How 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 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? Explain.
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 Department 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. Note: Applications for a food permit must be submitted to building management, along with permit fee, no later than Friday, July 6, 2018.*
9. List other fairs/shows/expositions in which you are participating in 2017.
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?



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**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: \_\_\_\_\_