| JB Enterprises 220 Exchange Street  Albany, NY 12205  518-491-1130 Show Application | | | |
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| Applicant Information | | | |
| Name: | | | |
| Name of Business: | | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Email Address: | | | |
| Show Information | | | |
| Mall Show: | | | |
| Dates of Show: | | | |
| Describe your product or business in as much detail as you can to prevent duplication of items. I will try to have very little duplication and if there are some similarly items you will be separated from each other. Thanks for understanding this: | | | |
| Do you have a Tax ID certificate? | Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ | Tax Number: | |
| Do you carry insurance on your business? | Yes\_\_\_\_\_\_ No\_\_\_\_\_\_(optional) | | |
| Do you need electricity for this show: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ | | | |
| Do you have your own display or will you need to rent tables? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ | | | |
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| If this is the first show you do with us, please provide photos of your displays, products, etc, we will return them at the show. Enclose a self-addressed stamped business-sized envelope for us to inform you of your status. Booth Fees are due at time of application, If you are applying for more than one show, Space fee should be one check per show.  Thanks  Jeannie Guthrie | | | |
| By submitting and signing this form, you, the exhibitor agrees to hold harmless Jeannie Guthrie, JB Enterprises, and ALL MALLS and their representatives from any Liability Damage, Injury, Fire and Theft. | | | |
| Signature of applicant: | | | Date |
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