

**ILLINOIS DEPARTMENT OF AGRICULTURE
FAIR AND EXPOSITION
PREMIUM GRAND SUMMARY REPORT**

YEAR

NAME OF FAIR ASSOCIATION

City/Town

County

Please list President, Secretary, Treasurer and a complete list of your Directors. Use additional page if necessary.

Officers and Directors for 20____		
NAME	TITLE	FULL ADDRESS WITH ZIP CODE

Date fair was organized:_____

Is fair incorporated:_____

If so, date of incorporation:_____

of acres on fairgrounds:_____

Owned or Leased:_____

(If leased, is there a 20-year lease and does fair board have continuous possession of land during every day of lease period? _____)

NOTE:

Expiration Date of Lease:_____ *Make sure that your dates are correct and that they match the dates on your Declaration of Intention.*

DATES OF CURRENT FAIR:_____

DATES OF NEXT YEAR'S FAIR:_____

Estimated Attendance:_____

Admission Fee: Adults: \$_____

Children: \$_____

Carnival Name:_____

Report due date is December 31. Penalties will be assessed if report is late.

Mail to: Illinois Department of Agriculture
Bureau of County Fairs & Horse Racing
P.O. Box 19281
Springfield, Illinois 62794-9281
PH: 217/782-4231 FAX: 217/524-6194

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 85, Paragraph 651 through 672. Failure to provide information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-0647 (3-84)

GRAND SUMMARY

(Report of animals/articles entered, premiums offered, entry fees collected, and premiums awarded)

20 _____

		Please complete all required information.				Total
DEPARTMENTS		# of Animals Entered	# of Articles Entered	Premiums Offered	Entry Fees Collected	Premiums Paid
Beef Cattle	A					
Dairy Cattle	B					
Heavy Horses	C					
Equine Pulling Contest	D					
Jacks, Jennets and Mules	E					
Sheep	F					
Swine	G					
JR. Dept. Livestock (30%--N/A)	H					
Poultry, Rabbits and Ratites	I					
Agricultural Products	J					
Horticulture	K					
Floriculture	L					
Textiles and Fine Arts	M					
Education and Natural History	N					
Dairy, Apiary and Culinary	O					
JR. Dept. Non-Livestock (30%--N/A)	P					
Tractor Pull	Q-1					
Truck Pull	Q-2					
Light Horse & Western Dept.- Equine Events	R					
Harness Races (S & T considered one Dept. for 30% rule)	S					
Running Races (S & T considered one Dept. for 30% rule)	T					
Goats and Llamas	U					
Misc. (Please Label)	V-1					
V2:	V-2					
V3:	V-3					
Rodeo	Z					
Ribbons & Trophies						
GRAND TOTAL PREMIUMS PAID:						
Be sure to list all #'s of animals/articles entered above.		No one department can exceed 30% of total Premiums paid (except H & P)				
TOTAL ANIMALS + ARTICLES ENTERED:						
GRAND TOTAL ENTERED:						

FINANCIAL STATEMENT

RECEIPTS	
1 - Gate Admissions	
2 - Grandstand Admissions (include federal tax, if any)	
3 - Auto Parking	
4 - Stalls and Pens	
5 - Concessions, Commercial Exhibits, Carnival	
6 - Total Entry Fees	
7 - Funds Received From The County Fair Office For The Following: <small>Exhibit costs, premiums(pro-rated base level), operational fair expenses, land purchase, and/or construction maintenance.</small>	
8 - Aid From County (if any)	
9 - Rental From Grounds, Buildings, Promotions (except During Fair)	
10 - Other Income Not Included Above (Do Not Include Borrowed Money)	
TOTAL INCOME (Add Items on Lines 1 through 10):	
EXPENDITURES	
12 - Total Premiums Paid Out By Fair	
13 - Grounds Improvements <small>(include money spent for bldgs. And other perm.-type improvements which qualify under Line 11)</small>	
14 - Music and Attractions	
15 - Judges and Assistants	
16 - Administrative and Office Payrolls	
17 - Gate, Grandstand, Police and Parker Payrolls	
18 - General and Common Labor Payrolls	
19 - Advertising (Including Premium Book)	
20 - Federal Admission Tax	
21 - Other Operating Expenses (Including Interest on Indebtedness)	
TOTAL EXPENDITURES -- (Add Items 12 through 21):	
OPERATING PROFIT _____ OR LOSS _____	
Money Spent for Real Estate and Capital or Permanent-Type Improvements This Year:	\$ _____

F & E FINANCIAL BREAKDOWN

(check YES or NO if IDOA state funds are used to finance below referenced items)

	YES	NO	AMOUNT	
• financing AGRICULTURE exhibits				<i>If IDOA funds are used, all pertinent receipts must be submitted with the report.</i>
• financing EDUCATIONAL exhibits				
• financing TRADE exhibits				
• financing SCIENTIFIC exhibits				
• financing PREMIUMS (66-2/3% by law)				
• Expenses directly related to the operation of the fair				<i>Any funds declared "YES" and received from IDOA's bureau of County Fairs but NOT used for designated categories MUST be returned to the County Fair office.</i>
• Purchase of new or additional land				
• Construction and/or maintenance				
TOTAL OF COUNTY FAIR FUNDS PAID TO THE FAIR & EXPOSITION:				

State of Illinois

}

_____ *County*

We, President and Secretary of the _____
Name of Fair Association

of _____ County, do hereby swear that during the calendar year 20 _____,

the sum of _____ (\$_____)

dollars in eligible premiums was actually paid out to exhibitors for shown exhibits as evidence of which the above listed receipts are enclosed herewith (ACTUAL PREMIUMS EARNED EXCLUDING CHARGED FOR ENTRY FEES, STALL RENT, ETC.) We also certify that all reporting documents required by the Illinois Department of Agriculture are included with this PREMIUM GRAND SUMMARY REPORT (due December 31). We further state that all gambling and gambling devices which are declared unlawful by the laws of Illinois and the sale of alcoholic liquors other than beer have been prohibited and excluded from the grounds of the fair and from adjacent grounds under the fair's authority, during the fair and at all other times when the fairgrounds or adjacent grounds are in the possession of and under the immediate control and supervision of the fair officials; and that all receipts from any source other than admissions to the grandstand and entry fees for races, not necessary for the payment of labor and advertising, have been prorated among all other claims and expenses or that all other claims and expenses have been paid in full.

Signature: _____ **President**

Signature: _____ **Secretary**

Date: _____, 20 _____.

Contact Person regarding this and other reports/necessary documentation.

(Please supply two (2) email addresses if possible.)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAILS: _____