

ILLINOIS DEPARTMENT OF AGRICULTURE

Bureau of County Fairs & Horse Racing
 County Fair Office, Illinois State Fairgrounds
 P.O. Box 19281

Springfield, Illinois 62794-9281

**PREMIUM
 DECLARATION OF INTENTION**

Form is due December 31. Penalties will be assessed if the form is late.

Name of Fair: _____

Hereby notifies the Department of Agriculture, State of Illinois, of its intention to hold an agricultural fair at _____, IL, on the DATES OF _____, 20____, and its desire to participate in the Agricultural Premium Fund. Below is a statement of premiums proposed to be offered.

DEPARTMENTS		PREMIUMS OFFERED
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% Rule Excluded)	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% Rule Excluded)	P	
Tractor Pull	Q-1	
Truck Pull	Q-2	
Light Horse and Western Department- Equine Events	R	
Harness Races	S	
(Dept's. S & T considered one Dept. for 30% Ruling.)		
Running Races	T	
(Dept's. S & T considered one Dept. for 30% Ruling.)		
Goats and Llamas	U	
Miscellaneous(on Grand Summary)V1:	V-1	
(Must put description for all V Dept.'s V2:	V-2	
or will NOT be eligible.) V3:	V-3	
Rodeo	Z	
Premium Ribbons and Trophies	R & T's	
GRAND TOTAL PREMIUMS OFFERED:		

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 this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL-406-0649 (11-83)

(Premium Declaration of Intention)

PRESIDENT: _____
(Name)

(Address) (Zip Code)

SECRETARY: _____
(Name)

(Address) (Zip Code)

TREASURER: _____
(Name)

(Address) (Zip Code)

Contact Person: _____
(Name)

(Address) (Zip Code) (Phone Number)

We, President, Secretary and Treasurer of the _____
(NAME OF FAIR ASSOCIATION)

of _____ COUNTY, do hereby certify that the above is true and correct.
(COUNTY)

Signature: _____
President

Signature: _____
Secretary

Signature: _____
Treasurer

Date: _____ **20** _____

Forms are due December 31. Late penalties will be assessed.

RETURN TO:

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of County Fairs & Horse Racing
P.O. Box 19281
Springfield, IL 62794-9281
PH: 217/524-0666 FAX: 217/524-6194