

New Vendor Application

Space Application for Sept 21-24, 2023

AK Marketplace Concessions & Commercial Exhibits

Official Business Name/DBA	Name:			
*Name must match the name	e on the Certificate of	Insurance		
Owner or Operator Name:				
Address:				
City:			State:	ZIP:
Preferred Phone #1:			Preferred Phone #2	
Tax ID#		Fax#:		
E-Mail Address:			Website:	
In the event of an emergency to contact them, during off-h	-	· ·	= = :	ocation at our Fair and where we might be able
RELATIONSHIP:	N/	AME:		PHONE #:
); 10x30 - \$900; 10x40 - \$1200
CONCESSION space\$3				-
Outlet: (110v or 220v):	_Volts AND:	Amps (Increments of	10) <u>OR</u> No electricit	ty requested
Include Color Photo: A	All applications must o	contain a color photo	of the proposed operat	ion (photo may be returned if requested).
Provide at least two reference participated.	es (Event Name, Con	tact Name, City, State	, Phone #) of Fairs, Fest	ivals, or Expositions where you have
#1.				
#2.				
Complete this form and mail	Aksarben Sto	ock Show Vendor, PO	s t 1, 2023 to : Box 130, Grand Island, I-1555 Email: kirwin@s	
The Rules and Regulations a applicants are required to be				e: www.aksarbenstockshow.com. All
Signature of person making a	pplication:			