

New Vendor Application

Space Application for September 26th – 29th, 2024

AK Marketplace Concessions and Commercial Exhibits

Official Business Name/DBA Na	me:			
*Name must match the name of	on the Certificate of Insurance			
Owner or Operator Name:				
Address:				
			ZIP:	
Preferred Phone #1:		Preferred Phone #2		
Tax ID#	Fax#	Fax#:		
E-Mail Address:		Website:		
= : :	- · · · · · · · · · · · · · · · · · · ·	rson who will be managing your loss emergency phone number here:		
RELATIONSHIP:	NAME:	PHONE #:		
		x10 - \$300; 10x20 - \$600; 10ensions	10x30 - \$900; 10x40 - \$1200 	
Include Color Photo: All appli Provide at least two references participated.	cations must contain a color p		ty requested photo may be returned if requested). tivals, or Expositions where you have	
#2.				
The Rules and Regulations ap	Aksarben Stock Show Vendor Phone: 308-385-3925 Fax: 30 oply to this application and cal	email with a color photo by Augur, PO Box 1387, Grand Island, NE (18-384-1555 Email: kirwin@statefan be found on the Aksarben websand agree to adhere to these Rul	58802 air.org site: www.aksarbenstockshow.com.	