



Fair Dates June 13 - 15, 2024

Commercial Booth Space Application
Completion does not mean acceptance

Today's Date _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Email: _____
Phone _____ Alternate Phone _____
Minnesota State Tax ID Number _____
Insurance Company Name (Not Agent) _____
Policy Number _____

REMEMBER TO INCLUDE: CERTIFICATE OF INSURANCE
DEPARTMENT OF REVENUE FORM ST19
SIGNED COPY OF THE RULES AND REGULATIONS

Use this space to list all products;

Space Rental Cost:

Electrical choice of:
120 / 15 amp service \$25.00 each # needed _____ Total _____
240 / 30 amp service \$45.00 each # needed _____

Space Rent - please clearly indicate
___ Inside (10 X 10 booth) Cost includes table & 2 chairs \$100.00
___ Outside (10 ft. deep) How many feet needed _____ \$10.00 per running foot
___ Un-manned (10 X 10 booth) Cost includes table \$125.00

TOTAL _____

I understand this application will be accepted on first come basis, and returning vendors have first option. I have read and understand and agree to the rules and regulations so stated in this contract.

Signature: _____ Title _____

Upon acceptance, an invoice will be sent.