

Inver Grove Heights Days 2008

Crafter Expo—September 7th

“Explore Inver Grove Heights”

P.O. Box 2031, Inver Grove Heights, MN 55076

Voice Mail: 651-450-1313 Fax: 651-552-1501

Dear Crafter,

In an effort to bring Inver Grove Heights together we would like to offer the crafters in the area an opportunity to be part of our event. Due to this event being outdoors, we are offering two options for your vendor location. We will be utilizing a number of large tents at the event and your location can be under the tent or an open air location. Each location will include an 8 foot table (please bring your own chairs if needed).

- I would like a covered location. \$30.00 fee

- I would like a open air location. \$20.00 fee

Name of Business: _____

Contact Person: _____ Phone #: _____

Fax #: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of crafts provided:

(include everything you plan on offering or having at your booth, including free giveaways)

Don't delay. Return your signed application, completed ST-19 and check by June 30th. Checks should be made out to Star City Days. Please mail completed applications to: P.O. Box 2031, Inver Grove Heights, MN 55076

The event will be held on Cahill Ave. near Buckley Way. The public is invited to the event between 11:00 am and 4:00 pm. We ask that you have your expo location set up by 10:30 and vehicles will be allow back in to the area after 4:30 for tear down. You will be sent a conformation letter after your registration is received with more information about your vendor location.

We hope you can join us in Celebrating Inver Grove Heights and bringing our community together for Inver Grove Heights Days.

Sincerely,

Mike Schaeffer
“Explore Inver Grove Heights” Chairman
651-246-4130

Updated 5/20/2008

Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or type	Name of business selling or exhibiting at event		Minnesota tax ID number	
	Seller's complete address		City	State Zip code
	Name of person or group organizing event			
	Name and location of event			
	Date(s) of event			

Merchandise sold	Describe the type of merchandise you plan to sell.

Sales tax exemption information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf.
	<input type="checkbox"/> This is a nonprofit organization that meets the exemption requirements described below: _____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]). _____ Youth or senior citizen group with fundraising receipts of \$10,000 or less per year (MS 297A.70, subd. 13[b][1]). _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

Sign here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of seller	Print name here
	Date	Daytime phone ()

PENALTY — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.