

INVER GROVE HEIGHTS DAYS 2007

September 6th - 9th, 2007

Vendor Application, Registration & Contact

APPLICATION DEADLINE IS AUGUST 20TH, 2007

Complete and return this form, with proposed product(s) and price list, and registration fee to the address below. Make checks payable to Star City Days Inc. (Be sure to include each day, site and number of booths in your registration fee.) All vendors must complete a MN Dept. of Revenue form ST-19 or send a statement why they are not required to submit the form. All food vendors must submit proof of MN Dept. of Health Special Event License or Mobile Food Unit License.

Vendor Fees:

- For Profit Vendors (per day) **\$100.00**
- Non-Profit Vendors (per day) **\$ 50.00**
- NOTE:** Proof of your non-profit status must accompany this application.
- Rubbish Deposit **(Required—Per Site Per Day) \$50.00**
- I use a concession trailer

TOTAL ENCLOSED \$ _____	
<i>For Office Use Only:</i>	
Method of payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Date Rcvd: _____	Clerk: _____

Saturday, September 8th (check the required time and location)

	EVENT	TIME	LOCATION
<input type="checkbox"/>	Ace Fishing Contest & Parade Start	8:00 AM to 1:00 PM	Simley Lake Park (80th & Cahill)
<input type="checkbox"/>	IGH Days Parade (End)	11:00 AM to 1:30 PM	Drkula's / Village Square
<input type="checkbox"/>	IGH Days Parade (Other Location)	11:00 AM to 1:30 PM	Specify Request _____
<input type="checkbox"/>	Fireworks	7:30 PM to 10:30 PM	Simley Lake Park
<input type="checkbox"/>			

Sunday, September 9th

- Explore IGH 11:00 AM to 4:00 PM Cahill Ave. (between 65th and 69th Street)

NOTE: All vendors must be set up **PRIOR** to the listed start time and **MAY NOT** leave before the listed end time. ALL vehicles must be out of each area prior the start time and may not re-enter any event area until after the listed end time. **NO VEHICLES WILL BE ALLOWED TO STAY IN EVENT AREAS DURING EVENTS!** If you have special circumstances that require your vehicle an explanation and request for special vehicle permit must accompany this form.

Company or Group Name: _____

<p>Contact Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>(H) Phone: _____</p> <p>(W) Phone: _____</p> <p>(C) Phone: _____</p> <p>E-mail: _____</p>	<p>Alternate Contact Information (if available)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>(H) Phone: _____</p> <p>(W) Phone: _____</p> <p>(C) Phone: _____</p> <p>E-mail: _____</p>
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Products List

Only products listed on the application and approved by the IGH Days Committee will be allowed to be sold. Products may only be sold at the site and time you are approved for. (Attach additional pages if necessary).

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Stuff (please read)

I plan to attend the events checked on this form on the days indicated. I understand that I may not be the only concessionaire at the Inver Grove Heights Days / Star City Days, Inc event. I understand that the checked times and locations are requests only and I will be notified within a reasonable amount of time if the committee can not meet my requests. I understand that event times and locations are subject to change or cancellation. I understand that I will only be allowed to sell / display the specific items I have listed on this form. I understand that even though the committee tries to reduce or even eliminate duplication of products the committee has in no way guaranteed to implied exclusivity to me. I understand that I may be asked to leave by a member of the IGH Days Committee or Star City Day, Inc. for selling / displaying items not specifically listed on this form or engaging in behavior determined to be inappropriate by a member of the IGH Days Committee or Star City Days, Inc. and will not receive a refund if asked to leave.

I have read this whole form, I understand all of the terms enclosed, and I agree to be bound by the terms of this form. I further understand that once accepted by the IGH Days Committee and Star City Days, Inc. this form then becomes a contract between me/us and the Inver Grove Heights Days Committee and Star City Days, Inc.

Signature: _____

Typed or printed name: _____

Date: _____

Make check payable to Star City Days, Inc. Enclose this form, MN Dept. of Revenue form ST-19, copy of your MN Dept. of Health License if selling food and any applicable attachments to:

Inver Grove Heights Days
Vendor Applications
P.O. Box 2031
Inver Grove Heights, MN 55076-2031

The \$50.00 Rubbish & Refuse Deposit is required and will be returned to you after your area has been found to be free of rubbish left from your operation. **CALL FOR SITE INSPECTION PRIOR TO LEAVING.**

For Site Inspection Kim Kuenzi @ 651-485-9530
& Questions Call: e-mail: kim@kucheraagency.com (DO NOT E-MAIL FOR SITE INSPECTION)

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