

South St. Paul Kaposia Days Application for Outside Concessions

Vendor Name: _____

Contact Name: _____ Phone: _____

Address: _____

Email Address: _____

**** Classification:**

Specialty Multi Novelty Game

Number of Serving Windows: 1 2 or more

Products to be sold / served: _____

Size of Space Needed: Front _____ Side _____

Self-generation (generator must be quiet enough so as not to disturb our activities)

<u>EVENTS REQUESTED</u>	<u>FEE</u>	<u>ELEC</u>	<u>TOTAL</u>
_____	_____	+ _____	= _____
_____	_____	+ _____	= _____
_____	_____	+ _____	= _____
_____	_____	+ _____	= _____
_____	_____	+ _____	= _____
_____	_____	+ _____	= _____
	TOTAL CONCESSION FEE		_____
	25% DEPOSIT		_____
	BALANCE DUE AT 1 ST EVENT		_____

** The Concessions Chairman reserves the right to determine the final classification and fees for all vendors