

SOUTH ST. PAUL KAPOSIA DAYS APPLICATION FOR OUTSIDE CONCESSIONS

Vendor Name: _____

Contact Name: _____ Phone: _____

Address _____

*Classification: Specialty Multi Novelty Game

Number of Serving Windows: 1 2 or more

Products to be sold: _____

Size of Space Needed: Front _____ Side _____

Self-generating. Generator must be quiet enough so as to not disturb our activities.

Electric needed. Number of outlets needed _____

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

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