

**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: _____

Size of Space Needed: Front _____ Side _____

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

<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.