

Application for exhibit/booth Bank Midwest Building

Martin County Fair August 16th- 22nd, 2021

Firm, Organization or Individual Name _____

Person Responsible For This Application _____

Address, City & State _____ Zip Code _____

E-Mail Address _____

Phone Numbers: Business _____ Cell _____

Cost: Single booth \$150, Double Booth \$300, Booth rent is due July 1st There is a required, additional \$50 deposit that will be refunded if the booth remains setup until Sunday at 6:00 PM (Deposit will be returned at this time). Each booth that is paid in full will receive ONE free Season Pass. Additional passes will need to be purchased for admittance to the fair.

Total enclosed: \$ _____

- If making cash sales at the fair we require a Minnesota sales tax number
- We require MN Revenue ST19 Operator Certificate of Compliance to be filled out in full
- Exhibits/booths are required to be in place prior to 10:00 AM Tuesday and will not be released until 6:00 PM Sunday. Vehicles must be off the fairgrounds prior to 11 AM Tuesday morning.
- You may set up any time on Saturday August 14th, Sunday August 15th, Monday August 16th or until 10:00 AM on Tuesday August 17th.
- Smoking is prohibited in all buildings on the fairgrounds
- Any property that is not removed within thirty days will become property of the Martin County Fair
- Sale of Fireworks including Class C, Cigarette lighters, Knives (except house hold types) or any offensive material is prohibited on the Fairgrounds. Any booth or exhibit doing so will be immediately closed, removed from the fairgrounds, and will not be permitted to return in future years. No refund will be given.
- Lessee covenants to indemnify and save harmless lesser for and against any and all liability, arising from injury during the term of this event to person or property, occasioned wholly by or in part any act or admission of lessee, guest, employee, assigns or sub-lessees of lessee.
- Booth location will be the same as the prior year if possible, if you wish to change locations when you sign in at the fair office for the event there will be a map of possible open booths.

I certify that I have liability insurance and agree to all terms and conditions of this contract.

Exhibitor: _____ Date: _____

Send this Contract, Payment and MN Revenue ST19 to: Martin County Fair, P.O. Box 270, Fairmont MN 56031. Attention: Ron Morris.

Any questions contact: Ron Morris 507-236-0142