



Sibley County Fair Food Concessionaire Contract

Contact Person: _____ Date: _____

Contact Phone #: _____ Email: _____

Company/Organization: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Items to be sold: _____

Concession trailer or booth size- L' x W' (include hitch): _____ Water: Y/N _____

Concession trailer electrical service(250v or 125v 50A / 120v 15A etc): _____

Cost for registration: Check below (Includes 2 parking passes)

One Food Item.....\$150.00

Two or More Food Items.....\$250.00

7% of Gross Sale paid to Sibley County Fair (**Reported Daily**, but paid at fair end)

Total Registration Due: _____

Terms of Contract:

1. No business may be conducted until Concessionaires furnish **ST19, Certificate of Insurance** and **Copy of License** to Sibley County Fair Office.
2. Prior to setting up, see a fair representative for your location. Registration must be paid before set up.
 - a. (*Service fee of \$30.00 will be charged on returned checks, Minnesota Statutes, section 604.113, subd. 2 (a) and section 609.535, subd. 2a.)
3. SCFB will furnish the site and electricity, if water is needed concessionaires must furnish their own hoses.
4. 220-volt electricity is available. Concessionaires must furnish NEMA 14-50P or regular 15-amp 120-volt plug. With enough cord to reach 75ft.
5. No travel trailers/campers or vehicle parking allowed in concessions area. Parking in designated areas only. No vehicle traffic will be allowed on the grounds after 9:00 a.m. and all vehicles must be parked in the parking lot after 9:00 a.m or will be towed.
6. All concessions are subject to state inspectors.
 - a. **Concessions must be set up and ready for Inspectors and business by Noon Wed. and cannot shut down before 6:00 pm Sunday.**
7. SCFB uses a \$5.00 coupon. All vendors must accept & treat like cash-report as daily sales. Return coupons to the fair office for reimbursement on Sunday.
8. If selling same 20oz Pepsi Products SCFB provides, pricing must be the same. Call with any questions.
9. POS System may be subject to review of sales.
10. Make checks payable to: **Sibley County Ag. Association.**

I agree to the terms and conditions of this contract. Signed _____

Please mail **Registration Fee, Certificate of Insurance, Form ST19, Copy of License** and **Contract** to:

Sibley County Fair - 801 W Chandler Street, Arlington MN 55307 - Questions call **507-964-5698**