

VENDOR CONTRACT AND APPLICATION

23rd Annual Eagan Art Festival
June 24 & 25, 2017
Eagan Community Center Festival Grounds

Application must be completed in full and returned with payment or deposit by March 14. Final payment due in full on or before May 1.

Please type or print clearly.

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE NUMBER: _____

(Home) (Business) (Fax)

E-MAIL ADDRESS: _____

MINNESOTA SALES TAX ID NUMBER: _____

FEDERAL TAX ID NUMBER: _____

FEES:

Description	Price	Quantity	Total Amount
-------------	-------	----------	--------------

Space Fee - 10' x 10'	\$380.00	_____	\$ _____
-----------------------	----------	-------	----------

Additional Space - 10' x 10'	\$380.00	_____	\$ _____
------------------------------	----------	-------	----------

Electric Power Fee: (*You must provide a ground fault receptacle and extension cord*)

20 amp	\$50.00	_____	\$ _____
--------	---------	-------	----------

50 amp	\$100.00	_____	\$ _____
--------	----------	-------	----------

20 amp (add'l)	\$50.00	_____	\$ _____
----------------	---------	-------	----------

50 amp (add'l)	\$100.00	_____	\$ _____
----------------	----------	-------	----------

Sanitation - Damage Deposit	\$50.00		\$ 50.00
-----------------------------	---------	--	----------

=====

Total Due (Please make checks payable to: Dakota Center for the Arts) \$ _____

- I will be checking in _____ FRI or _____ SAT at _____ AM/PM (circle one)

It is highly recommended that you check in between 3:00 and 8:00 PM on Friday. Check-in begins at 6:00am on Saturday. All booths MUST be set up by 8:00AM on Saturday ready for inspection.

- Proof of liability insurance including products liability coverage with **“the City of Eagan and the Dakota Center for the Arts and it’s assignees listed as additional insureds”**:

_____ Has already been provided

_____ Is enclosed

_____ Will be provided by May 18

I _____ will _____ will not be towing a merchandise trailer. The length is _____ feet.

Trailer: Make _____ Color _____ License # _____

EQUIPMENT/PRODUCT LIST

<i>EQUIPMENT</i> (Please list each piece separately)	<i>POWER SOURCE</i> ◆ Electrical ◆ Propane ◆ Wood/coal	<i>NUMBER OF AMPS</i> (if electrical is required)	<i>VOLTAGE</i> (110 or 220)	<i>PHASE</i> (if 220) Single (1) or Three (3)

Please list the products and prices of each item you plan to sell, attach an additional list if needed.

ITEMS	PRICE

Back

Front (sketch floor plan with equipment – 10' x 10')

Authorized Vendor Signature: _____ Date _____

Mailing address is: Dakota Center for the Arts, Attn: Executive Director
 PO Box 211609 Eagan, MN 55121-1609
Director@eaganartfestival.org 651-269-ARTS