



St. Louis County Fair - Chisholm, MN

July 31 – August 4, 2024

Email: office@stlofair.org

Website: www.stlofair.org

Questions: (218) 254-0024

2024 Commercial Exhibit Reservation Form

Thank you for your interest in exhibiting in the St. Louis County Fair. Please complete and return this form along with payment and appropriate forms (listed below) to: St. Louis County Fair, P.O. Box 627, Chisholm, MN 55719 *Please print clearly*

Name of Organization/Business: _____

Contact Person: _____

Telephone number: _____ Email address: _____

Address: _____

SPACE DESIRED – reservation by May 1, 2024

Space rental includes two name badges or 10 passes (Equal to 10 passes - unlimited access through the gate – does not include Parking privileges) and one parking pass at no additional cost. **Prior to June 15th**, additional gate passes may be purchased for YOUR STAND EMPLOYEES ONLY at \$5 per ticket – **limit of 15 tickets**. All tables must be skirted.

Names to appear on nametags

of INSIDE spaces: _____ X \$150 = \$ _____

If needed: # of TABLES: _____

of OUTSIDE spaces: _____ X \$200 = \$ _____
(all spaces are approx. 10 x 10)

of CHAIRS: _____

of SKIRTS: _____

Additional gate passes: _____ X \$5 = \$ _____
(limit of 15 half priced tickets)

Additional parking passes: _____ x \$40 = \$ _____
(While supplies last)

INSURANCE – please read this carefully:

If you do not have your own liability insurance and wish to be added to the Fair’s policy for a fee of **\$85**.

_____ **YES** - add me to your policy

_____ **NO** - I have my own insurance (Certificate enclosed.)

EARLY DISMANTLE DEPOSIT - \$100

This deposit must accompany this application and must be in a **SEPARATE CHECK**. It will be returned the last day of the Fair at 6 pm. If your booth has been removed or is unmanned prior to 6 pm, you will forfeit this deposit. Exhibit space will **NOT** be reserved without this deposit.

I, the undersigned, agree to indemnify and hold harmless the St. Louis County Ag. Society/Fair Assoc., St. Louis County Fair Board, State of Minnesota, City of Chisholm, IDC, any and all persons connected with this event, for any and all liability claims and damages, arising from use of the assigned space. By signing this Application/Contract, I acknowledge I have read the Commercial Exhibitor and Concessionaire Policy Manual (available on line or from the office), and agree to abide by the policies set forth therein.

AUTHORIZED EXHIBITOR SIGNATURE: _____ **DATE:** _____

****Please keep a copy of this for your records/reference.****

For office use only

Total Due: \$ _____ Deposit \$ _____ Date paid: _____ Check # _____ EDD Check # _____
Balance Due: \$ _____ Date paid: _____ Check # _____ Conf. Mailed: _____