

Office Use Only: Date_

Payment \$

INDOOR COMMERCIAL SPACE AGREEMENT- 2024 SCOTT COUNTY FAIR

7151 190th Street West, Suite #145 Jordan, MN 55352 952-492-2436

fairofficestaff@scottcountyfair.com

www.scottcountyfair.org

Wednesday, July 24- Sunday, July 28, 2024

FIRM OR COMPANY					
CONTACT PERSON					
ADDRESS					
CITY AND STATE	ZIP	E-MAIL			
PHONE:	F.	AX:			
LIST AND DESCRIPTION OF ALI	L ITEMS OR SERVICES TO BE	SOLD OR EXHIBITED:			
The buildings are setup with pipes & night. LIST ANY ADDITIONAL R				turned off upon	exiting each
Instructions: Please retu Signed lease agreement fo	e	ter than <u>May 1, 2024</u> ck (payable to Scott C			
MN Dept of Revenue ST-19 form Certificate of liability insurance					
Prices include 2 Commercial I Indoor Booth (10' W x 8' D) Indoor Booth (10' W x 8' D)	Before June 1, 2024	\$400 ea X \$450 ea X	_(# of spaces) _(# of spaces)	\$ \$	
Additional Commercial Parkir Liability Insurance through Fa		\$30 ea X	_ (# of passes)	\$	
if you do not have insurance, you can be added to our policy for the period of our fair. Call for fee TOTAL			\$ \$		
	ement shall be assigned, sublet, or one assort damage to any property of the not demonstrators are prohibited from the noted out during the fair without prize or TUESDAY, JULY 23 and TULY 28. The Applicant shall hold against the Scott County Fair arising	otherwise disposed of without the Applicant. The Applicant agree om operating outside of the assignor permission from the administ a begin staffing the booth at 12 at the Scott County Fair, its agent ag out of any actions or conduct are 6:30 PM! Tues., July 23 9:00 A	e written consent of the set to confine activities and space as to interpreted to the set of the space as to interpreted to the space as the	the Scott County ies within the limit fere with the public agrees to set-up DAY, JULY 24 and less from any and agents or employed	Fair. Scott ts of the lic or other p between nd remain all claims or ees. Sunday
	Wed 12 PM-9 PM, Thurs 10AN				
APPLICANT SIGNATURE	DATE	SCOTT COUNTY FAIR M	ANAGER		

Check #

Certificate of Insurance

ST-19