Big Island Barbeque August 25-26, 2017 Booth Application

Type or print legibly and return to: **Big Island Barbeque, 1725 West Main Street, Albert Lea, MN 56007**

Booth Name _____ _____

Name of Contact _____

Mailing Address _____

City, State, Zip_____

Work Phone: ( ) _____Cell ( ) _____

E-Mail _____ Federal Tax ID Number: _____

I have a Minnesota State Sales Tax License that is current _____ yes _____ no # _____

Vendor Experience (List other festivals where you have sold/displayed in the last two years):

Proposed Items:

Item	Price	Item	Price

Size of Rig: _____ feet long (tongue to end) X _____feet deep
Sell out of (check one): _____End _____ Side
Do you require an electrical hook-up? _____

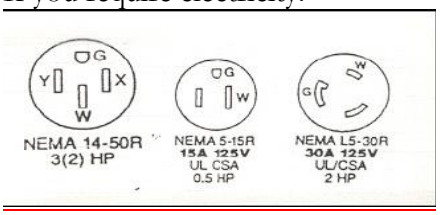
Sales Vendor Date/Times:
Friday, August 26, 2016…….5:00. to 11:00 p.m.
Saturday, August 27, 2016 ……10:00 a.m. to 7:00 p.m.

BOOTH FEES:
30'X30' INCLUDING ONE 30 AMP SERVICE
Final fee will be 20% of your gross or $200, whichever is greater.

Special Accommodations
Oversize space (Standard Booth Space is approximately 30x30)

_____ $20.00 Overnight Camping in Campground

If you require electricity:



CIRCLE WHICH RECEPTACLE YOU NEED: NUMBER OF EACH NEEDED: (PLEASE NOTE IF YOUR NEEDS ARE DIFFERENT)
ELECTRICAL NEEDS: VOLT. AMPS

Special Accommodations Sub Total _____
All Entry Fees must accompany this form **Total Remitted** _____
_____

Upon approval, you will receive a contract and the official rules from BIB.
A $200 deposit is due when you return this application.

WAIVER OF LIABILITY: (Must be signed to participate) In consideration for the BIB Committee accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Big Island Rendezvous and Festival, Inc. and the City of Albert Lea and the committee, their agents, successors, and assigns for any and all injuries suffered by me or may team in this event. Further, I hereby grant full permission to Big Island Rendezvous and Festival, Inc. or their authorized agents to use any photographs, videotapes, recordings or any other record including digital and internet on this event for any legitimate pose. I agree to abide by all contest rules set out by the Big Island Barbeque and the KCBS. THERE WILL BE NO REFUNDS.

Signature _____ Date _____

Printed Name _____

FAX COMPLETED APPLICATION TO:
1-507-373-0344
Attn: Perry Vining
1725 West Main Street
Albert Lea, Minnesota 56007

KC BS
KANSAS CITY BARBEQUE SOCIETY

Questions? Call Perry Vining at 1-800-658-2526 or 1-507-402-6371