

**48th Annual McCook Heritage Days Celebration September 28-29, 2019
 Arts and Crafts Fair Booth EXHIBITOR Application
 (FOOD VENDORS - please use form on back)**

Business Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (_____) _____
 E-Mail Address: _____
 Nebraska Sales Tax Number _____
 DO YOU HAVE A CANOPY? _____ What Size? _____

Would you like the same space as last year? Circle one: YES NO

<p align="center">EXHIBITOR CATEGORY: ____ 9am-6pm Saturday ____ 11am-4pm Sunday (Please circle one of the following.)</p> <ul style="list-style-type: none"> ◆ Arts &/ or Crafts ◆ Antiques ◆ Commercial ◆ Specialty Food (Candy, Jellies, Etc.) ◆ Fundraiser <p>No. Of Booths ____ @ \$55 each = \$_____</p>	<p>Please give a brief description of items for sale:</p> <p align="center">*No Electric Hookups Available for Exhibitors*</p>
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**THERE WILL BE NO REFUNDS AFTER JULY 1, 2019.
 Spaces will not be saved until payment is received.**

I hereby release and forever discharge the McCook Heritage Days Committee, the City of McCook, McCook Area Chamber of Commerce, and their officers, employees, agents, and volunteers from any responsibility, personal liability, claims, loss or damage arising from my participation in the Heritage Days Celebration. I understand that I display my artwork or merchandise at my own risk. There will be a \$25 returned check fee. Please send copy of insurance certificate with application.

Exhibitor/Vendor Signature _____ **Date** _____

Make Checks Payable to:
McCook Area Chamber of Commerce
P O Box 337
McCook, NE 69001-0337

For More Information Contact:
McCook Area Chamber of Commerce
(308) 345-3200
info@mccookchamber.org

Office Use Only: Amount Paid \$ _____ Date _____
 Check # _____ Assigned Space # _____

48th Annual McCook Heritage Days Celebration September 28-29, 2019
Arts and Crafts Fair FOOD VENDOR Application
(EXHIBITORS - please use form on back)

Business Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: (_____) _____
E-Mail Address: _____
Nebraska Sales Tax Number _____

FOOD VENDORS ONLY: Food License Number _____

- ◆ Curbside Space _____ @ \$140.00 Each
- ◆ Grass _____ @ \$140.00 Each
- ◆ Electrical Needs: 110 _____ or 220 _____

Please bring 12 gauge cords or heavier; 50 to 100 ft. long, and converters if needed

- ◆ Friday Evening Set-up _____ (after 3:00 p.m. NO EARLIER)
- ◆ Saturday Morning Set-up _____ (after 6:00 a.m.)

Menu Description: _____

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Office Use Only: Amount Paid \$ _____ Date _____
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