Mobile Marketing License Application

Minnesota State Fair 2008, Aug. 21 – Labor Day, Sept. 1

(Please Type or Print Legibly)

MINNESOTA STATE FAIR

1 **Company, organization or individual name:** _____

Official billing (title)of attraction: _____

2 **Marketing company:** _____

Address: _____

City: _____ State: _____ Zip code: _____

3 **Person responsible** (this person must sign MN State Fair license): Mr. /Mrs. /Ms.: _____

Business phone: ( ) _____ Fax: ( ) _____ Cell: ( ) _____

E-mail: _____ Web site: _____

4 **Exhibit dates desired:**

Th	F	S	Su	M	T	W	Th	F	S	Su	M
8/21	8/22	8/23	8/24	8/25	8/26	8/27	8/28	8/29	8/30	8/31	9/1

5 **Exhibit purpose**: Products and/or services to be displayed or sold, or description of attraction:

_____

_____

*You **MUST** enclose product or service literature and photos or drawings of your exhibit presentation and layout. No product samples.*

Activities: (Check those which apply) ☐ Making cash, check or credit card sales ☐ Display/sampling of products or services only

☐ Order taking only ☐ Taking deposits with orders ☐ Other (please specify) _____

6 **Space:** Must include all awnings, tie-ons, overhangs, trailer hitches, working and public interaction area, etc.

Minimum site size desired: _____ (Frontage) X _____ (Depth) Maximum site size: _____ (Frontage) X _____ (Depth)

Are your dimensions flexible? _____ What is the least amount of depth you can work with? _____

Utility needs: (Check those which apply) ☐ Self-contained ☐ Electricity ☐ Water ☐ Other _____

7 **References:** Two fairs/shows recently participated in; include contact, address, phone and fax for each:

_____

_____

"I acknowledge that this registration is not a license agreement and does not constitute an offer of guarantee of same for the Minnesota State Fair."

_____ *(Signature)* _____ *(Date)*

RETURN TO: Minnesota State Fair, Attn: Danyl Vavreck, Sponsorship Department
Phone: (651) 288-4471; Fax: (651) 642-2440
email: sponsorships@mnstatefair.org

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