



Food and or Beverage Registration Form

Northwoods Art & Book Festival - Saturday, August 12th, 2024- 9 am - 3 pm

Please fill out the form below and submit with payment.

Vendor Name: _____

Business Name: _____ MN Tax ID: _____

Hackensack Tax Rate is 7.375%

Brief Description of Food or Beverage: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Vehicle Make _____ Model _____ License Plate _____ Trailer License _____

If liquor is served, the city of Hackensack requires that you provide NAC with a copy of your liquor license. NAC will provide a one day permit to sell through the city of Hackensack. NAC will provide a fenced off area and monitor the area.

Please submit at least two and up to 4 pictures of your product to help us accurately list you in our promotional materials and social sites I

give permission for the use of my photos to be used as part of my listing for social media and promotional materials _____

Northwoods Arts Council, the City of Hackensack, or anyone connected with the Northwoods Arts Council assumes no risk or liability for loss, damage or injury to person or goods arising from participation in subject event. I verify the information I am submitting is accurate to the best of my knowledge. I understand that no refunds are available once my application has been accepted. Exhibitor is responsible for obtaining insurance, if so desired.

Signature: _____ Date: _____

Payment Information

Food Vendor Space Outside (\$50 per space)

Please indicate how many spaces

Amount paid: \$ _____

I will set up on:

Friday 3 pm-6 pm

Saturday 6am-8:30am

Please use one of the following ways to submit your application:

- Make sure to fill out the ST19 Form
- Click **PRINT** then scan this application and ST19 form to our email @ nachackensack@gmail.com then use PayPal on the application page to submit your payment OR-
- Click **PRINT** then mail forms with a check to:

**Northwoods Arts Council
P.O. Box 356
Hackensack, MN 56452**

Office Use Only:

Amount \$ _____

Check # _____

PayPal _____

Transaction number

Booth Number _____

Check In: Friday Saturday

Special Requests Yes No

Your application will not be processed until both application, ST19 form and payment are received.

You will be contacted confirming your application. If space is not available you will be placed on a waiting list if desired check here

Any questions please email to nachackensack@gmail.com or call:

Vendor Coordinator: Lynn VanAllen 952-292-0198

Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or type	Name of business selling or exhibiting at event		Minnesota tax ID number	
	Seller's complete address		City	State Zip code
	Name of person or group organizing event Northwoods Arts Council			
	Name and location of event 29 th Northwoods Art & Book Festival - 3 rd Street & Lake Avenue, Hackensack, MN 56452			
Date(s) of event August 10, 2024				

Merchandise sold	Describe the type of merchandise you plan to sell.

Sales tax exemption information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf.
	<input type="checkbox"/> This is a nonprofit organization that meets the exemption requirements described below: _____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]). _____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]). _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

Sign here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of seller	Print name here
	Date	Daytime phone ()

PENALTY — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.

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