



**City of Shafer Vendor Registration
Shafer Days 2016
Time: Saturday, Sept. 17th
9:00 AM - 6:00 PM**

Website: www.shafermn.com

Name of Business _____

Contact Person Name _____

Address _____

Day phone _____ Evening phone _____

Vendor/Food License Number _____

Description of items to be sold _____

*There is no electricity available.

Vendor Signature _____ Date _____

To register:

- Enclose \$20.00 for booth space (approx. 10 x 10).
- Food vendors MUST have license attached.
- Food Vendors enclose certificate of liability insurance naming the City of Shafer as an additional insured with minimum liability limit of \$500,000.00.

Make checks payable to: Shafer/Franconia Fire Department

Please mail registration to: Shafer Days Committee
c/o City of Shafer
17656 303rd Street
Shafer, MN 55074

Any questions please contact Kate Carlson at 651-726-4110, or by email at kate2258@hotmail.com

For City Use Only

Date received _____ Clerks Initials _____

Complaints _____