

REGISTRATION FORM



Business Name to be displayed on Vendor's Card:

Contact Name: -----

Address: -----

City: ----- **State:** ----- **Zip:** -----

Phone: ----- **Email:** -----

Cottage Law Registration #: -----

MN Retail Sales Tax #: -----

Products/Goods/Merchandise You plan to sell: -----

The season runs from mid-June to mid-October – weather permitting. Do you plan to vend for just a limited number of weeks (Circle Answer) Yes No
If "Yes," please provide the start and end dates you plan to vend:

Additional Comments:

Please complete and return this form and the ST19 Operator Certificate of Compliance form with your payment of \$100.00 payable to GACC by Thursday, June 13, 2024.

Glencoe Area Chamber of Commerce -1107 11th Street East, Suite 104 Glencoe, MN 55336