

**SASKATOON EXHIBITION**  
**APPLICATION/LICENCE FOR FOOD CONCESSION**

**AUGUST 10 - 15, 2010**

NOTE: All applications are subject to review and approval by selection committee. Applications not accepted will have their application fee fully refunded.

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

We propose the following food and beverages. List specific menu items to be sold, and exact size of space required for each booth, including awnings, seating, etc.

Booth #1 \_\_\_\_\_

Size \_\_\_\_\_

Booth #2 \_\_\_\_\_

Size \_\_\_\_\_

Booth #3 \_\_\_\_\_

Size \_\_\_\_\_

Booth#4 \_\_\_\_\_

Size \_\_\_\_\_

**ADMISSION POLICY** - By signing this application, I am aware of the admission policy during the Saskatoon Exhibition.

**CONCESSION SPACE RATE**

22% of gross sales or \$500 per booth, whichever is greater.

No. of spaces required: \_\_\_\_\_ single booth \$250.00 deposit = \$ \_\_\_\_\_  
\_\_\_\_\_ multiple booths \$150.00 each deposit = \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Visa, Mastercard & American Express Accepted. CARDHOLDER NAME \_\_\_\_\_

Credit Card \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

**ELECTRICAL SERVICE**

If electrical service is required, it will be provided by the exhibition, at a cost of \$1.00 per amp requested. Please provide complete details of your electrical requirements. Minimum service is 15 amp @ \$15.00 for the week. Exhibitors using any amount of power are subject to the SaskPower Inspection Fee. This \$25.00 fee per location, imposed by SaskPower, will be collected by SPPC with your percentages and remitted to SaskPower on your behalf.

DEPOSIT MUST ACCOMPANY THIS APPLICATION. Applications must be in by APRIL 5, 2010. Please provide credit card number or cheque payable to: Saskatoon Prairieland Park, Box 6010, Saskatoon, SK, S7K 4E4.

Attention: Shelley Wing

Date \_\_\_\_\_ Signature of Concessionaire \_\_\_\_\_ Saskatoon Prairieland Park Corporation  
(to be signed upon acceptance of application)

FOR OFFICE USE ONLY: Date Application Received \_\_\_\_\_ Space # \_\_\_\_\_

Amount Received \_\_\_\_\_ Rec # \_\_\_\_\_ Inv # \_\_\_\_\_

**RETURN THIS PAGE ONLY**