



Flathead County Fairgrounds
265 N Meridian Rd
Kalispell, MT 59901
406-758-5810 p 406-758-2146 f
nwmtfair@flathead.mt.gov

Non-Fair Food/Beverage Concession Agreement

NAME OF CONCESSION: _____

ADDRESS: _____

PRIMARY CONTACT: _____ PHONE: _____

ALTERNATE CONTACT: _____ PHONE: _____

Email Address: _____

In order to do business on Fairgrounds property I agree to supply and keep current:

1. A copy of my Commercial General Liability Insurance certificate with:
 - a. A minimum limit of \$1 Million per occurrence
 - b. Flathead County as Additional Insured
 - c. A policy period that covers the dates I will be present.
2. Pay 15% of gross receipts within one week following each event.
(Please submit a copy of your cash register Z tape, Square report, etc. showing your gross sales).
3. Pay late fees 2% of gross sales per week until payment is made.
4. This agreement signed.

****If I serve alcohol I will also provide a Certificate of my Liquor Liability with the same requirements.*
I understand it is my responsibility that I make payments in a timely manner, and that the
Fairgrounds Office retains the right to suspend vending privileges if late payments become an
ongoing issue.***

Concessionaire Signature _____ Date _____

****PLEASE ATTACH A SHORT LIST OF MENU ITEMS & PRICES****