

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:

A]	ADDRESS:	
PRIMARY CONTACT: PH ALTERNATE CONTACT: PH		PHONE:
		PHONE:
E	Email Address:	
In	In order to do business on Fairgrounds pro	perty I agree to:
1.	1. Submit a copy of my Commercial General Lia	ability Insurance certificate with:
	a. A minimum limit of \$1 Million per occib. Liquor Liability coverage if I serve alcoc. Flathead County listed as Additional Insu	ohol
2.	2. Submit a copy of my cash register Z tape, Squ	uare report, etc. showing gross sales
3.	3. Pay 15% of gross receipts within one week following each event	
4.	. Pay late fees 2% of gross sales per week until payment is made	
in	I understand it is my responsibility that I make payme insurance up to date, and that the Fairgrounds Office in privileges if late payments become an ongoing issue.	•
Concessionaire Signature Date		Date

PLEASE ATTACH A SHORT LIST OF MENU ITEMS & PRICES