

Des Moines Springfest Vendor Contract

April 26-29, 2018

Name/Business Name: _____

Contact Person's Name: _____

Mailing Address: _____

Cell Phone Number: _____

Fee must be sent with contract: \$100 Paid: _____ Check Number: _____

Iowa Sales Tax Permit # _____

If needed, temporary permit issued: _____

Do you need an electrical outlet? _____

Number of tables needed: _____ Number of chairs needed: _____

Vendor Signature: _____ Date: _____

Return one copy **with payment by April 9, 2018** to:

Deanne Mundt, Des Moines Springfest, 3237 NE 108th St., Mitchellville, IA 50169