License Number: ____________ (located on the invoice and license agreement)

Company Name: ________________________________________________
(as it appears on your license)

Electric Needs: (Please include as much information as possible including amps, phases, volts, type of connector, etc.)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Water Needs: ___________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Propane or Natural Gas Needs: _______________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please return to: Concessions & Exhibits Department 1265 Snelling Ave N, St Paul MN  55108
sales@mnstatefair.org or Fax 651-642-2440