



## 2nd ANNUAL FESTI FALL

September 21, 2025 12pm-5pm

### 2025 Vendor Application

Full Name: _____	Business Name (if Different): _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Phone (____) _____	Email address: _____
Website: _____	
Insurance Company Name _____	Policy Number _____

Describe the work to be sold: (Please include pictures or site to view work)

Onsite staff will verify the contents of your booth upon arrival.

Are you sharing a booth space with a partner? Y / N

Do you have a Canopy? Y / N

Do you plan to use a generator (for placement purposes only) Y / N

Can we share your website/Facebook on marketing materials? Y / N

Are you a returning vendor from last years event? Y / N

MN STATE SALES TAX NUMBER (including any partners)

Filed by name \_\_\_\_\_ MN Sales Tax # \_\_\_\_\_

- Please attach a signed copy of your ST-19 form.

MDA Mobile Food Handlers License Number

(Required for all processed and packaged food vendors)

Filed by name \_\_\_\_\_ License # \_\_\_\_\_

\*\* This application does not guarantee a spot in the market. A vetting process will determine acceptance.

Exclusivity is not guaranteed to any one vendor. Precautions will be taken to limit duplications of similar items and spacing vendors appropriately. Vendors will be contacted once a spot is secured.\*\*

### Early Bird Special

10x10 art booth space: \$50/space before 7/1/25 or \$75/space after 7/1/25

\_\_\_\_\_

Food Vendor Space: \$50/space before 7/1/25 or \$75/space after 7/1/25

\_\_\_\_\_

Shared Space surcharge for shared booths \$10/booth

\_\_\_\_\_

Total # of spaces desired \_\_\_\_\_

Total Amount of Payment

\_\_\_\_\_

Please make checks payable to: St. Cloud Chamber of Commerce (fiscal agent only)

Please initial the following (one initial per artist if sharing a booth)

\_\_\_\_\_ By signing this document, I am stating that all information provided in this application is correct and that I have read the 2025 Rules & Regulations document and agree to abide by its content.

\_\_\_\_\_ I will conduct myself in a professional manner with respect to my neighbors, volunteers, customers, and the East End staff. I fully understand that if the officials of the 2025 FestiFall find fault with my product or conduct, I will correct it or voluntarily leave without refund or incident.

\_\_\_\_\_ I agree to indemnify and hold harmless the East End Coalition volunteers, City of St. Cloud, and private property owners from any loss or liability that may arise as a result from my entry in the fair.

\_\_\_\_\_ I certify that all the items I will offer for sale are produced by me or my family, NOT buy/sell or commercially produced items.

\_\_\_\_\_ I understand that refunds will not be issued in the case of inclement weather or inability to attend after application has been accepted. (Art vendors will be moved indoors in case of inclement weather and food vendors will be staged appropriately.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Consideration all applications and payments must be received by September 1st, 2025 to:

Checks Payable to: St. Cloud Chamber of Commerce

(St. Cloud Chamber is acting as a fiscal agent only)

Electronic payment option coming soon.

Mail Application to :

East End Neighborhood 539 E St. Germain St, Suite 201,

St. Cloud, MN 56304

or via electronic mail to [stceastend@gmail.com](mailto:stceastend@gmail.com).

Incomplete applications will be returned.

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