



# Minnesota Comic Book Association 2024 SpringCon Vendor Application

Saturday, May 18th, 2024

M Health Fairview Sports Center, 4125 Radio Dr, Woodbury, MN 55129

## VENDOR INFORMATION (PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY)

Business Name: \_\_\_\_\_

Contact Person : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone : (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_ State Sales Tax ID : \_\_\_\_\_  
(You must have a State Sales Tax # to be a vendor)

E-Mail Address : \_\_\_\_\_ Website : \_\_\_\_\_

Description of Products you will be selling : \_\_\_\_\_

### SPACE REQUEST

Each space is 10' x 10' and includes 1 free 8' x 30" table and 1 chair

Number of spaces (10' x 10') : \_\_\_\_\_ x \$225 = \$ \_\_\_\_\_

Additional Tables (8' x 30") : \_\_\_\_\_ x \$30 = \$ \_\_\_\_\_ Total Cost = \$ \_\_\_\_\_

☐ I wish to pay by Electronic Payment, please send me a digital invoice (due within 1 week of being emailed)

☐ Enclosed with this form is my check/money order payable to the Minnesota Comic Book Association (MNCBA)

Special Requests: \_\_\_\_\_

We do our best to accommodate all requests if possible. If there are issues with your request we will contact you.  
Please understand that space requested is not held/reserved until payment has been received.

### LEGAL AGREEMENT

#### PLEASE READ COMPLETELY

Retailers/Vendors shall at all times protect, indemnify, save, and keep harmless the Minnesota Comic Book Association, its members, volunteers, the M Health Fairview Sports Complex in its entirety, against any and all form of loss, cost damage, liability or expense. Including that which arises out of, or from, or by any reason of or act or omission by retailer/dealer, his employees or agents, SpringCon attendees/participants, MNCBA staff, volunteers, owners, or the staff of the M Health Fairview Sports Complex . All spaces/tables sales are final. Retailers/Vendors may not assign this contract or any right hereunder nor sublet or license any or all portion of its space without the prior written consent of the MNCBA, which consent shall be in the MNCBA's sole discretion. The signing of this form and participation in SpringCon, indicates your full and complete Understanding and 100% acceptance of the stated terms.

By signing this agreement you agree to abide by the policies and rules of conduct of the MNCBA, which can be found on the following website: <https://www.mncba.org/policies.html>

Your Full Name (Please Print) : \_\_\_\_\_

Your Signature (Required) : \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send your completed and signed form to: Minnesota Comic Book Association  
PO Box 11777  
Saint Paul, MN 55111

Or email completed and signed form to: [vendors@mncba.org](mailto:vendors@mncba.org)

☐ I wish to receive information about buying ad space in the program and/or having a flyer in the grab bags

☐ I have merchandise I'd like to donate for the prize table or grab bags

# Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

**Do not send this form to the Department of Revenue.**

Print or Type	Name of Business Selling or Exhibiting at Event		Minnesota Tax ID Number	
	Seller's Complete Address		City	State ZIP Code
	Name of Person or Group Organizing Event			
	Name and Location of Event			
	Date(s) of Event			

Merchandise Sold	Describe the type of merchandise you plan to sell.

Sales Tax Exemption Information	Complete this section if you are not required to have a Minnesota tax ID number.
	<input type="checkbox"/> I am selling only nontaxable items.
	<input type="checkbox"/> I am not making any sales at the event.
	<input type="checkbox"/> I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf. This is
	<input type="checkbox"/> a nonprofit organization that meets the exemption requirements described below:
	<p>_____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]).</p> <p>_____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]).</p> <p>_____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.</p>

Sign Here	<i>I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.</i>	
	Signature of Seller	Print Name Here
	Date	Daytime Phone

**PENALTY —** Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.