

Thief River Falls Holiday Fair - November 15, 2025

Ralph Engelstad Arena, Thief River Falls, MN

Complete this registration form and return it along with your registration fee and MN form ST-19 (on back) to:

Holiday Fair
Thief River Falls Times
PO Box 100
Thief River Falls, MN 56701

Make checks payable to: **TRF Times** Check # _____

VISA, MC or Discover # _____ Code _____ Exp. _____

Name(s): _____

Company/Brand Name: _____

Address: _____

Phone: _____

E-mail: _____

Describe what are you selling? _____

Please Specify Requested Booth Size ☐ 4x16 ☐ 6x11 ☐ 7x10
(First-come, First serve Basis, We will do our best to accomodate requests)

☐ Single booth ☐ Double booth (\$55 each booth)

Tables? (\$10 ea.) Qty: _____

☐ I have my own tables

Total Enclosed \$ _____

Chairs? (\$5 /2) _____

☐ I have my own chairs

PLEASE REMEMBER THAT NO TAPE, NAILS, TACKS OR STAPLES MAYBE USED TO FASTEN YOUR DISPLAYS TO THE WALLS OR FLOOR.

AGREEMENT: I agree that I will assume full responsibility for the materials and products shown in the booth occupied by me and I will have someone in the booth at all times. I understand that the TRF Times is not responsible for damage or loss to any part of the display of materials which I have entered for display at the Holiday Fair of Thief River Falls. I agree that I will have my booth ready for business by 8:30 a.m. on Saturday, November 16, 2024, and will not dissemble until 3 p.m. I also agree to have the merchandise available for sale as indicated in my application. If selling food please submit a copy of your Cottage License. Set-up will be Saturday, November 16 from 5:30-8:30 am. No refunds given after October 1, 2024. Questions call Traci @ 218-681-4450 or email printshop@trftimes.com

SIGNATURE: _____

COMMENTS: _____

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			
	Thief River Falls Times			
	Name and Location of Event			
	Holiday Fair - Ralph Engelstad Arena, Thief River Falls, MN			
Date(s) of Event				
November 15, 2025				

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.