



# PIE DAY FRIDAY, AUGUST 2<sup>nd</sup> 2024

## BRAHAM PIE DAY 2<sup>nd</sup> STREET • FOOD CONCESSIONS REGISTRATION 2024

**REGISTRATION FEE DUE BY JUNE 1<sup>st</sup>: \$90.00**

**NOTE:**

The registration fee is a flat rate for space required on 2<sup>nd</sup> Street by all concessionaires including non-profit organizations.

Mail early, space is limited.

No same-day registrations accepted.

**CONFIRMATION NOTICE:** will be sent before Pie Day

Contact us if you do not receive a confirmation letter.

**REFUNDABLE CANCELLATION DATE:** JULY 1st

**Contact:**

Braham Pie Day, 320-396-4956  
brahampieday@hotmail.com

**MAIL:**

1. This Registration application form
2. \$90.00 registration fee  
All concessionaires including non-profit organizations.
3. Photo or brochure and menu
4. Minnesota Operator Certificate of Compliance ST19
5. Menu of items you are planning on selling that day
6. Copy of MN Health Permit Food License effective on **August 2, 2024**
7. Proof of liability insurance effective **August 2, 2024**
8. Self – addressed return envelope

**TO:**

**BRAHAM PIE DAY  
C/O EXHIBITOR REGISTRATION  
PO BOX 383  
BRAHAM MN 55006**

- Make checks or money orders payable to: BRAHAM PIE DAY
- Note: Registration/Application will not be acted on until all items are in our possession.

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**MN Tax ID Number (required by law if selling taxable items):**

\_\_\_\_\_

**\*\* Please indicate below: \*\***

I will be using my own generator (must be under 65 decibels)

I will require power hook-up (limited space and availability)

I use a RV or trailer style unit ( \_\_\_\_\_  
Length of your unit \_\_\_\_\_)

I use a free-standing tent style booth

Please do not write in the spaces below, for office use only:

Postmark Date:	Registration Code:	MN Op Cert.	Photo/brochure	CHECK NUMBER:	TOTAL DUE: <b>\$90.00</b>
Comment:		Food License	Insurance	Date contacted	AMOUNT DUE:

**Location No. on 2<sup>nd</sup> Street is first come  
Set up time is 6:00 a.m. until 8:30 a.m. Friday morning.**  
  
(Do not write in this space)

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