



EXHIBITOR APPLICATION/CONTRACT

Date Printed: 06/12/2023

Exhibitor Application/Contract
National Marine Manufacturers Assoc.
P.O. Box 734266
Chicago, IL 60673-4266

Minneapolis Boat Show
Minneapolis Convention Center
1301 Second Ave South
Minneapolis, MN 55403

Phone: (612) 332-8330

January 18 - 21, 2024

(Contact NMMA for Overnight Delivery Info)

Company Name: _____

Points: Show: Mbr: Total:
Account #: _____

Address: _____

City State/Province Zip/Postal Code

Phone: _____ Cell: _____ Fax: _____ Web: _____

Company Contact: _____ Contact Email: _____

Bill to: (IF DIFFERENT FROM ABOVE) _____

Address: _____

City State/Province Zip/Postal Code

Phone: _____ Cell: _____ Fax: _____ Web: _____

Billing Contact: _____ Billing Contact Email: _____

Show Contact: (IF DIFFERENT FROM COMPANY CONTACT) _____

Show Contact: _____ Show Contact Email: _____

Please make all checks payable to NMMA.

All checks must be made in U.S. funds, drawn on a U.S. account. A \$25 fee will be added to your account for all returned checks.

Rate Information (in Square Feet)

	Member*	List		Member*	List		Member*	List
Booth 10 x 10	12.30	12.30	Booth 8 x 10	14.50	14.50	Reg Bulk up to 3,549 sf	6.65	6.65
Reg Bulk above 3,550 sf	6.40	6.40						

PLEASE DO NOT WRITE IN THIS SPACE:

Order No	Space No	Floor/Area	Unit Price	Dimensions	Total Sq Ft	Total Cost
_____	_____	_____	_____	_____	_____	_____

Payment Schedule:

50% Deposit due on 06/30/2023

50% Final Payment due on 10/01/2023

Total: _____

TO BE FILLED OUT BY EXHIBITOR

What products/services will you be exhibiting? _____

Please list brand names: _____

- Our company is a:
- Manufacturer
 - Marine Services
 - Wholesaler
 - Mfg. Rep.
 - Travel Resort / Tourism
 - Outfitter / Guide Service
 - Dealer
 - Retailer and / or Marina

Last Year's Exhibitors

- We accept the same space as last year.
- We request the following change, but will accept the assigned space if the change cannot be made: _____

We prefer to / not to (circle one) exhibit next to the following companies: _____

(Every attempt within the allocation procedures will be made to satisfy your request; preference does not confirm the requests can be satisfied)

- We intend to retail "over the counter" at our exhibit.

New Exhibitors

The dimensions we prefer are _____ X _____

Total Sq. ft requested: _____

_____ X Rate _____ = Total \$ _____

Upon signing below, Exhibitor agrees to be bound by and acknowledges that all terms, conditions and obligations of Exhibitor under this Exhibitor Application for Space (Agreement) shall be binding upon Exhibitor from the date that Exhibitor or its representative executes this Agreement, irrespective of whether Exhibitor has yet received NMMA's counter signed copy of the Agreement. This binding Agreement includes all the terms on both the face of this application and the Terms, Rules and Regulations on the reverse side of this application including NMMA's Allocation Procedures and Display Guidelines ("the Terms and Conditions"). The Exhibitor agrees to be bound by all such Terms and Conditions. Any Exhibitor requests for cancellation or cutbacks and any space changes are subject to these Terms and Conditions. By signing and submitting this form to NMMA, the Exhibitor acknowledges, agrees and consents to receipt of notices from NMMA and its affiliates by facsimile or electronically, using the contact information set forth on this form. In the event of any conflict between this Agreement (or any portion thereof) and any other agreement or Exhibitor purchase order, now existing or hereafter entered into between Exhibitor and NMMA, the terms of this Agreement shall prevail.

Your Name: _____ Signature: _____ Date: _____

Questions? Please Call: _____ NMMA Signature: _____ Date: _____

Show Contact: John Ferguson PH: (612) 332-8330 EMAIL: jferguson@nmma.org

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 National Marine Manufacturers Association			
	Name and location of event Discover Boating - Minneapolis Boat Show. Minneapolis Convention Center			
	Date(s) of event January 18 - 2, 2024			

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.
	<input type="checkbox"/> This is a nonprofit organization that meets the exemption requirements described below: _____ 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]). _____ 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]). _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

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.

Information for sellers and event operators

Operators/organizers of craft, antique, coin, stamp or comic book shows; flea markets; convention exhibit areas; or similar events are required by Minnesota law to get written evidence that persons who do business at the show or event have a valid Minnesota tax ID number.

If a seller is not required to have a Minnesota tax ID number, the seller must give the operator a written statement that items offered for sale are not subject to sales tax.

All operators (including operators of community sponsored events and nonprofit organizations) must obtain written evidence from sellers.

Certain individual sellers are not required to register to collect sales tax if they qualify for the isolated and occasional sales exemption. To qualify, all the following conditions must be met:

- The seller participates in only one event per calendar year that lasts no more than three days;
- The seller makes sales of \$500 or less during the calendar year; and
- The seller provides a written statement to that effect, and includes the seller's name, address and telephone number.

This isolated and occasional sales provision applies to individuals only. It does not apply to businesses.

Sales tax registration

To register for a Minnesota tax ID number, call 651-282-5225.

A registration application (Form ABR) is also available on our website at www.revenue.state.mn.us.

Information and assistance

If you have questions or want fact sheets on specific sales tax topics, call 651-296-6181.

Most sales tax forms and fact sheets are also available on our website at www.revenue.state.mn.us.

For information related to sellers and event operators, see Fact Sheet #148, *Selling Event Exhibitors and Operators*.

We'll provide information in other formats upon request to persons with disabilities.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Your Agent or Broker, Address, City, State, Zip; CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS; INSURER(S) AFFORDING COVERAGE: ABC Insurance Company (12345), CDE Insurance Company (67890); INSURED: Your company Name, Address, City, State, Zip

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

Policy dates must cover show dates including move-in and move-out

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Minneapolis Boat Show January 18th to January 21st, 2024 including move-in and move-out dates
National Marine Manufacturers Association and Minneapolis Convention Center are included as additional insureds under General Liability and auto liability.

CERTIFICATE HOLDER: National Marine Manufacturers Association, 231 S LaSalle Street, Suite 2050, Chicago, IL 60604-1440; CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

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