EQUIPMENT RENTAL

Checks made payable to: *Mille Lacs County Agricultural Society*
Mail this agreement and all required documentation to:

Mille Lacs County Agricultural Society
PO Box 595
Princeton, MN 55371

The following rental agreement with the Mille Lacs County Agricultural Society (aka Fair Board) has been agreed upon by both parties (Mille Lacs County Agricultural Society and the renting party). Both parties are to retain a signed copy of this agreement. *Please submit your Equipment Rental agreement by the 5th of each month for consideration by the Mille Lacs County Fair Board, they must approve your agreement and request.*

The Fair Board has the right to refuse any rental agreement request.

Please print legibly or type; unreadable applications will be returned.

Renter: _____

Contact Person: _____

Phone: _____-_____-_____ Cell: _____-_____-_____

Address: _____
City State Zip

E-mail: _____

Requested Rental Date(s): _____ / _____ / _____

This rental agreement must be accompanied by:

- ☐ A $50.00 damage deposit (required).
- ☐ Check for payment. Credit card payment can be processed in the Fair office. There is a 3% credit card fee added to each transaction.

Renter is liable for all damages and theft to equipment rented. If the total of the damages/loss is greater than the deposit, it is the responsibility of the Renting Organization to pay the balance.

- All prices include appropriate and required sales tax.

EQUIPMENT RENTAL

The Fair Board will rent the following items for removal from the Fairgrounds.

	Item		Available	Number Requested	Cost
	Banquet Tables	$15.00 each	28		
	Picnic Tables, Plastic	$30.00 each	12		
	Plastic Folding Chairs	$ 5.00 each	250		
	Bleachers, 5-Row	$100.00 each	10		
	Bleachers, 3-Row	$50.00 each	4		
	Total Cost				

Requester will require assistance in loading items.

- ☐ Yes
- ☐ No

_____ _____

Applicant Authorized Signature Mille Lacs County Agricultural Society

_____ _____

Date Date

For Fair Office Use Only:

Date Application Received: _____

Application Complete:

- ☐ Yes Payment: Check # _____ Deposit: Check # _____
  Credit Card_____
- ☐ No Date Returned: _____

Director responsible: _____ Deposit to be Returned: Y / N

Ag Society Member: _____