

Concessionaire Name:	
Contact Person Name:	Phone Number:

Event Name:		
Event Date:	Opening Time:	Closing Time:

Gross Sales Excluding Taxes	\$ _____
Concessionaire Fee	10 %
Amount paid to City of Grand Junction	\$ _____

Comments:	
Signature:	Date:

Office use Date submitted: Received by: Amount: Cash Check Card

Concessionaire Name:	
Contact Person Name:	Phone Number:

Event Name:		
Event Date:	Opening Time:	Closing Time:

Gross Sales Excluding Taxes	\$ _____
Concessionaire Fee	10 %
Amount paid to City of Grand Junction	\$ _____

Comments:	
Signature:	Date:

Office use Date submitted: Received by: Amount: Cash Check Card