

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