WIDOW'S WEEKEND CRAFT SHOW

Craft Vendor Application

November 7th, 2026 from 9 am to 4 pm

Hinckley Community Center
102 Dunn Ave, Hinckley, MN 55037
Meshakwad Community Center
38043 Hinckley Rd, Hinckley, MN 55037

IMPORTANT PLEASE READ:

- Applications are processed on a **first-come, first-served basis.**
- Booth set up starting at 6:30 am the day of the event.
- Chairs provided; tables available for rent $15 (limited quantities).
- No Items can be hung on the walls.
- Electricity is available in booths near outlets (BYO extension cords).
- No duplicate home businesses.
- MN Operator Certificate of Compliance (ST-19) is required, no exceptions **(Please include a copy of your ST-19 with your application. It can be found on the State of MN or our website).**
- MN Cottage Food License needed for any homemade food items **(Please include a copy with your application if applicable).**
- Booth space will be held until May 1, 2026 for returning vendors and then opened to the public.

Mail or email completed application to:
Hinckley Area Chamber of Commerce
PO Box 189
Hinckley, MN 55037
info@Hinckleychamber.com
(320)384-7837, Ext. 2

Please donate an item to be used as a door prize for attendees.

Organization/Business Name:

Contact Person:

Mailing Address:

Phone: **Email:**

Product/Service Description:

3 x 6 Booth Space $40	8 x 15 Booth Space $120	10 x 13 Booth Space $120
8 x 8 Booth Space $70	8 x 16 Booth Space $130	10 x 15 Booth Space $140
8 x 10 Booth Space $80	10 x 10 Booth Space $90	12 x 15 Booth Space $150
8 x 13 Booth Space $110	10 x 12 Booth Space $110	10 x 24 Booth Space $200

Please see booth layout to view booth sizes & locations available
(see website for updated booth availability)

Table Rental $15 _____

Total

Venue Requested

☐ Hinckley Community Center

☐ Meshakwad Community Center

Booth # Requested

#1_____ #2_____ #3_____

Checks payable to: **Hinckley Area Chamber of Commerce or HACC**

Cancellations are non-refundable unless notified 30 days or more before day of event

(FOR OFFICE USE ONLY) Date_____ St-19 Form_____ Payment_____ Space#_____ Chamber Member_____

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