



RETAIL SELLING

Regardless if you are selling products from your exhibit or just displaying, you must submit **BOTH** of the following items:

- 1) ST-19 Minnesota-Revenue Operator Certificate of Compliance
- 2) Certificate of Insurance

Please mail or fax both forms to:

GS Events
250 Parkway Drive, Suite 270
Lincolnshire, IL 60069
Fax: 270-438-4723

**IMPORTANT! Both forms must be received in our office no later than
Friday, November 5, 2021.**

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			
	Name and location of event			
	Date(s) of event			

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 INSURANCE (Attachment A)

ISSUE DATE _____

Producer: _____

THIS CERTIFICATE IS A REPRESENTATION OF THE COVERAGE AFFORDED BY THE POLICIES REFERRED TO BELOW

Phone: _____

Insured: _____

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	

COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED AND THAT THE POLICIES MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE APPLICATION LEASE, PROJECT SPECIFICATIONS, REQUESTED FOR PROPOSALS, CONTRACT, REQUIREMENTS, LICENSE, PURCHASE ORDER REQUIREMENTS, OR CITY ORDINANCES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrences <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Contractual Liability <input type="checkbox"/> X, C, U Coverage				GENERAL AGGREGATE	\$
	AUTOMOTIVE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Vehicles <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Garage Keepers Liability <input type="checkbox"/> _____	SAMPLE			COMBINED SINGLE LIMIT	\$
	EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	STATUTORY
	OTHER				EACH ACCIDENT	\$
					DISEASE POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

SHOW NAME & DATES INCLUDING MOVE-IN AND MOVE-OUT
SHOW LOCATION

Contractual Liability covers all written and oral contracts between the insured and the City of Minneapolis
 The General Liability and Excess Liability policies name the City of Minneapolis, its officers, agents and employees as additional insureds and provide for severability of interest (cross liability) between the named insured(s) and the City of Minneapolis

CERTIFICATE HOLDER

SHOW VENUE NAME & ADDRESS
GS MEDIA & EVENTS
 250 Parkway Drive, Suite 270
 Lincolnshire, IL 60069

Certificate For:
 Contract Number:
 License Type:
 Purchase Order Number:
 Official Publication Number:
 Lease:

City Department/Division For Which Goods or Services Provided

Cancellation

NOTWITHSTANDING THE EXPIRATION DATES SET FORTH IN THIS CERTIFICATE, SHOULD ANY OF THE HEREIN DESCRIBED POLICIES BE CANCELLED, CHANGED, OR NOT RENEWED, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
 ISSUING REPRESENTATIVE CARRIES ERRORS AND OMISSIONS COVERAGE
 YES NO

AUTHORIZED REPRESENTATIVE _____