



P. O. Box 250
Powassan, Ontario P0H 1Z0
www.powassanmaplesyrupfestival.ca

VENDOR APPLICATION FORM

PLEASE PRINT CLEARLY AND BE SURE TO SIGN THE BOTTOM OF THE FORM

Business Name: _____

Contact Name: _____

Address (Unit Number / Street / Town-City/Postal Code):

Phone No. _____

Email: _____

SPACES ON MAIN STREET *

Number of 10' x 10' required _____ x \$100.00 = \$ _____ (maximum of 2 adjoining spaces only)

PLEASE NOTE – there is no access to hydro outside on Main Street and tables are not provided.

SPACES IN SPORTSPLEX

Number of 10' x 10' required _____ x \$120.00 = \$ _____

Number of 29' x 20' required _____ x \$305.00 = \$ _____

Number of 15' x 10' required _____ x \$180.00 = \$ _____

Number of 35' x 20' required _____ x \$305.00 = \$ _____

Number of 28' x 20' required _____ x \$277.00 = \$ _____

TOTAL: \$ _____

Number of tables required? _____ Hydro Required? _____ **(Hydro availability is limited)**

PLEASE NOTE: Health Unit approval forms (for Vendors selling food) MUST be provided WITH your application and fee and also be posted at your Vendor location on the day of the Festival.

To the Powassan Maple Syrup Committee:

I, the Lessee shall save and hold harmless "The Municipality of Powassan" and the "Powassan Maple Syrup Festival Committee", their members, agents and employees from any and against all claims, demands, losses, costs, damages, actions, suits or proceedings by any third party that may arise out of or, or may attribute to, all operations performed by or carried out by the Lessee, his/her agents, employees or servants, or anyone for whose acts he may be liable, howsoever caused. I, the undersigned, agree to the above stated.

Printed Name: _____ Vendor Signature: _____

Date: _____