



FOOD & GENERAL MERCHANDISE VENDOR APPLICATION

Name of Business: _____

Vendor Permit: _____ Telephone: _____

Contact Name: _____ Contact Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Website: _____

Festival Contact Person: _____

Please List Suppliers where your products are purchased (For Health Department Application):

Proposed Menu or Merchandise:

1. _____
2. _____
3. _____
4. _____

Each individual vendor chosen to participate in the Festival from all of the applicants will be responsible to meet the local Department of Health rules and regulations for their own food service to the public. We will guide you through the process. Each vendor is responsible for their own individual costs incurred in the setting up and the operating of their food booth including their own liability insurance. **A copy of your insurance policy must be submitted to the festival in order to get final approval to attend the festival.**

COST:

**Please ensure you provide a SELF-ADDRESSED ENVELOPED with sufficient postage.
If your application is not accepted, your payment will be returned.**

Note: There are a limited number of spots available. We will contact only those who have been selected.

All vendors are required to carry sponsor related products if they wish to sell product in that specific category, for example: Water, Soft Drinks, etc.

Signature: _____ Date: _____

Inquires and completed contracts to:

Pat Carpignano, PLC Solutions
1798 Queen Street E
Toronto, ON, Canada M4L 1G8
Telephone: (416) 698-2152
Alternate Telephone: (416) 917-5169
Fax: (416) 698-2064
E-mail: festivalvenders@hotmail.com

