GENERAL MERCHANDISE VENDOR APPLICATION

Name of I	Business:	
Vendor Pe	ermit:	
Contact N	lame:	Telephone:
Contact P	osition:	
Address: ₋		
City:	Province:	Postal Code:
Email:		
Website:		
	ontact Person: t Suppliers where your products are purcha	sed (For Health Department Application)
Propose	d Merchandise	
1.		
2.		
3.		
4.		
meet the lower will guide year in the setti	dual vendor chosen to participate in the Festiva ocal Department of Health rules and regulations you through the process. Each vendor is responsing up and the operating of their food booth inclance policy must be submitted to the festival in	for their own food service to the public. We sible for their own individual expenses incurred luding their own liability insurance. A copy of
The entry	fee will be \$750.00 + HST (total \$847.50) for the	e two day event.
*Note:		
	here are a limited number of spots available nose who have been selected.	e in this years Festival. We will contact only
	II vendors are required to carry sponsor relanates specific category. (For example: Water, S	
	Signature	 Date

Please send your completed application form to Pat Carpignano, PLC Solutions:
Wasaga Beach Fest, 1798 Queen St. East, Toronto, ON M41 1G8
or email info@wasagabeachfest.com