



P. O. Box 250  
Powassan, Ontario P0H 1Z0  
[www.powassanmaplesyrupfestival.ca](http://www.powassanmaplesyrupfestival.ca)

**APRIL 26, 2025 VENDOR APPLICATION FORM**  
**PLEASE PRINT CLEARLY AND BE SURE TO SIGN THE BOTTOM OF PAGE 2**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (Street Address or PO Box / Town-City/Postal Code):  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**SPACES ON MAIN STREET**

Number of 10' x 10' required \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

**Do you want to be situated in a specific area? - Please indicate** \_\_\_\_\_

**Do you want to be situated beside a specific Vendor? – Please indicate** \_\_\_\_\_

**SPACES INSIDE**

Number of spaces required \_\_\_\_\_ x \$120.00 = \$ \_\_\_\_\_

All Vendors will be advised when their applications have been processed and accepted by the festival. Please wait to send payment after you have received confirmation. Payment can be done via cash/debit (at 250 Clark) OR by e-transfer to:  
[etransfer@powassan.net](mailto:etransfer@powassan.net) **PLEASE – put your VENDOR NAME on your e transfer so that we can match with you.**

**PLEASE NOTE: Health Unit approval forms (for Vendors selling food) MUST be provided asap and also be posted at your Vendor location on the day of the Festival.**  
**Your application will not be deemed complete until we have received your Health Unit approval**

**Please provide a description of the items that you will be selling:**

**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: \_\_\_\_\_