

P. O. Box 250 Powassan, Ontario POH 1Z0

www.powassanmaplesyrupfestival.ca

APRIL 27, 2024 VENDOR APPLICATION FORM

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

Business Name:		
Contact Name:		
Address (Unit Number / Street / Tow	n-City/Postal Code):	
Phone No.	Email:	
SPACES ON MAIN STREET *		
		(maximum of 2 adjoining spaces only)
PLEASE NOTE – there is no access to	hydro outside on Main St	reet and tables are not provided.
SPACES IN SPORTSPLEX		
Number of 10' x 10' required		<u></u>
Number of 29' x 20' required	x \$305.00 = \$	<u>- </u>
Number of 15' x 10' required	x \$180.00 = \$	<u>: </u>
Number of 35' x 20' required	x \$305.00 = \$	<u></u>
Number of 28' x 20' required	x \$277.00 =	\$
	TOTAL: \$	<u>; </u>
Note - Vendors must bring their ov	wn 8' table for both indoor	r and outdoor locations.
we will have limited INDOO (application AND fee) are su	R SPACE at 250 Clark – spa ubmitted. INDOOR VENDO	n availability of the Sportsplex. IF the Sportsplex is NOT available – ace will be allocated based on when COMPLETE applications DRS who cannot be accommodated inside 250 Clark (if the f having an OUTDOOR SPACE.
PLEASE NOTE: Health Unit approval location on the day of the Festival.	forms (for Vendors selling	g food) MUST be provided and also be posted at your Vendor
their members, agents and employee proceedings by any third party that n	nless "The Municipality of Fees from any and against all nay arise out of or, or may	Powassan" and the "Powassan Maple Syrup Festival Committee", claims, demands, losses, costs, damages, actions, suits or attribute to, all operations performed by or carried out by the hose acts he may be liable, howsoever caused. I, the undersigned,
Printed Name:		Vendor Signature:
Date:		