

Vendor Application Contract | 2019 Cochrane Summerfest

A. INFORMATION

Business/Exhibitor Name: _____

Name of Contact: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Fax #: _____

Email: _____ Website: _____

Have you ever participated in our festival as a vendor? Yes No

B. FEE STRUCTURE & PAYMENT

FOOD VENDOR	# OF BOOTHS	PRICE	TOTAL
10X10 Space or Self-Contained Unit		\$50.00	
RETAIL VENDOR	# OF BOOTHS	PRICE	TOTAL
10X10 Space or Self-Contained Unit		\$30.00	
CRAFTS & HANDMADE PRODUCTS	# OF BOOTHS	PRICE	TOTAL
10X10 Space or Self-Contained Unit		\$25.00	
INFORMATION BOOTH	# OF BOOTHS	PRICE	TOTAL
10X10 Space or Self-Contained Unit		\$20.00	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque enclosed		SUBTOTAL:	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		HST (13%)	
Card #: _____		TOTAL:	
Expiry Date: _____ CVC _____			
Signature: _____			

All vendors must be paid in full two weeks prior to the event.

C. SITE INFORMATION

Please specify if you have a self-contained unit that has been pre-approved here within. A "Self-Contained Unit" is defined as a unit (not a tent), which has been inspected, pre-approved by the building



inspector, to supply or sell specified merchandise or product. The said unit must be portable and equipped with all required appliances (with proof code approval).

**Please clearly identify you required space below. Any additional space used that is not indicated on your application will be subject to an additional \$25 fee payable on-site.*

Is your set-up a self-contained unit? Yes No
If yes, please provide measurements: **Width:** _____ **Length:** _____

Additional space (i.e. vehicle attached or parked beside/behind unit): _____

**Please attach a photo of the unit and/or your complete set up*

D. FEE STATEMENT (please refer to Fee Structure on page 1)

The numbers of booths requested is subject to space availability. You will be contacted if we cannot grant you the requested number of booths. You will be given the option of either withdrawing your application, being placed on a waiting list, or accepting the space that is available at that time. Please note if you use up more space that was approved at the time of set up, Cochrane Summerfest reserves the right to charge additional fees payable on site and/or charged after the event.

E. ELECTRICAL REQUIREMENT

Do you require hydro hook-up: Yes No
Power requirements (i.e. amperage): _____

If you do not require hydro, please specify how your unit is powered:

Generator (type)_____ Gas Diesel

**** The electrical source on the peninsula has a limited capacity. 3-phase power is not available. Only one outlet per vendor will be permitted.*

F. REFERENCES

Other than the Cochrane Summerfest, please list two of the most recent festivals, events, fairs or shows you participated in.

1) Event: _____ Year: _____

Contact: _____ Phone: _____

2) Event: _____ Year: _____

Contact: _____ Phone: _____

G. PRODUCT/MENU

Please fill out your product information below or attach a complete list of items (including prices) with this document.

In an effort to encourage a diverse selection of items, Cochrane Summerfest reserves the right to request menu changes.

While we encourage various offerings, we reserve the right to allow other vendors to offer same items as needed to meet crowd demands.

PRODUCT/ MENU ITEM	DESCRIPTION/ SIZE	PRICE

Notes: _____

H. SPACE/BOOTH ALLOCATION (see map)

Booths allocated on a first-come, first-serve basis with payment.

BY SIGNING THIS APPLICATION FOR PARTICIPATION, I HEREBY AGREE TO ALL THE CONDITIONS SET FORTH IN ITS ENTIRETY AND CONSENT TO THE PUBLIC ACCESS BEING PROVIDED TO THE INFORMATION UPON REQUEST.

I have read and agree to the vendor contract/agreement herein and hereby agree to abide by the rules of Cochrane Summerfest. I understand that any violation of this contract is subject to penalty. This information is being obtained for the purpose of operating a community festival. This information is considered to be available to the public under the Municipal Freedom of Information and Protection of Privacy Act, 1989.

Signature: _____ Date: _____

Hours of Operation and Set-up | 2019 Cochrane Summerfest

Peninsula Hours of Operation	
Saturday, August 10, 2019	11:00 a.m. to 1:00 a.m. (open to public)
Vendor Set-Up Times	
Saturday, August 10, 2019	9:00 a.m. – must be set up prior to public opening

Please complete and return application, as well as Health Unit forms, if applicable, and full payment to: Town of Cochrane, 171 Fourth Avenue, Cochrane, ON, P0L 1C0
Tel: 705-272-5084 | Fax: 705-272-4174 | Email: Jason.boyer@cochraneontario.com

