

Saturday August 15th & Sunday August 16th, 2020

Food Product Application “New this year”

Date Received _____ Insurance _____ Payment _____

1st Jury meeting is March 1st. Applications accepted after subject to jury approval and space availability.

Vendor’s name _____ Business name _____

Street, Apt, _____ City _____ Postal Code _____

E-Mail _____ Website _____

Telephone _____ I would prefer to keep last year’s booth location _____

Provide section and number; we will try to meet this request but **do not** guarantee to do so. Many factors affect placement of vendors.

Note any special requests such as hydro required: _____

Information needed while here at the show: Circle or name type of vehicle Van Truck Trailer RV Other _____

License Plate # _____ Cell or other local contact number _____

The Summer Festival reserves the right to reference your work/product including photos in our promotional materials.

Please provide a brief description of your product/craft.

Please provide a list of recently juried shows you have attended: use the back if necessary.

Liability Insurance: All vendors must supply a Certificate of Insurance showing proof of Commercial General Liability to the Port Dover Board of Trade, PO Box 239, Port Dover, ON N0A1N0 as follows:

1. \$2,000,000 Bodily Injury & Property Damage – Inclusive
2. **Additional Insured** listed as 1. Port Dover Board of Trade & Port Dover Summer Festival 2. The Corporation of Norfolk County.
3. Certificate of Insurance can be faxed directly to the Port Dover Board of Trade at 519-583-3275 or emailed to info@portdover.ca.

All possible care will be taken; however, neither the Port Dover Summer Festival nor the Port Dover Board of Trade Inc. nor Norfolk County can be held responsible for any loss or damage to goods, or injury to persons, due to accident, theft, vandalism, or inclement weather conditions.

Fire Safety requirements: Read and complete the Special Event Approval Form provided by Norfolk County Fire Department. Your signature on this form is surety that you will comply with their requirements. See the form and information sheet for details.

HN Health Department: Special Event Food Providers application;

<https://hnhu.org/health-topic/special-event-food-provider-application/> fill out and send directly to the Health Department I have read, understood and will comply with all required by the Port Dover Summer Festival.

Signature _____ Date _____

XX

Entry Fee includes HST {# R 107853053} payable to the Port Dover Summer Festival. Date _____

Circle size requested: Single (10’x10’) \$200.00+ HST = \$226.00 / Double \$400.00 +HST=\$452.00 (for larger size call)

Circle Payment type: Cash Cheque Visa Master Card

Card # _____ Expiry _____

**Mail application, photographs or website information, fee, fire safety confirmation form,
Proof of insurance to: Port Dover Summer Festival, P.O. Box 1203, Port Dover, ON N0A 1N4
Telephone: 519-583-1314 Fax: 519-583-3275 E-Mail: info@portdover.ca**