

19 Market W Port Dover, ON N0A 1W0 519-583-1314

## Friday August 16<sup>th</sup>, Saturday August 17<sup>th</sup> & Sunday August 18th, 2024

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Comm	erciai	ADD	
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Date Received \_\_\_\_\_ Insurance \_\_\_\_\_ Payment \_\_\_\_

## 1<sup>st</sup> 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			W	ebsite				
Telephone			I would pr	efer to keep last ye	ar's booth location			
Provide section and number	er; we will try to n	neet this request b	out <b>do not</b> g	uarantee to do so. N	Many factors affect placement of vendors.			
Note any special requests s	such as hydro requ	iired:						
Information needed while	here at the show: (	Circle or name ty	pe of vehicl	e Van Truck	Trailer RV Other			
License Plate #	Ce	Cell or other local contact number						
The Summer Festival res Please provide a brief desc					<b>promotional materials</b> . ds are not acceptable for this show.			
Please provide a list of rec	ently juried shows	you have attende	ed: use the	back if necessary.				
<ul> <li>PO Box 239, Port Dover, ON <ol> <li>\$2,000,000 Bodily I</li> <li>Port Dover Board o additional insured.</li> <li>Certificate of Insura</li> </ol> </li> <li>All possible care will be taken responsible for any loss or dat Fire Safety requirements: R</li></ul>	NOA1NO as follows Injury & Property D of Trade, The Corpor ance can be faxed dir n; however, neither t mage to goods, or in tead and complete th	s: amage – Inclusive ration of Norfolk C rectly to the Port D the Port Dover Sun jury to persons, du e Special Event Ap	ounty & Port over Board o umer Festival e to accident, oproval Form	Dover Summer Festi f Trade at 519-583-32 nor the Port Dover B theft, vandalism, or i provided by Norfolk	oard of Trade Inc. nor Norfolk County can be held			
is surety that you will comply I have read, understood and	-							
Signature								
					estival. Date			
Circle size requested:	Single (10'x10'	) \$225.00+ HS	Γ = \$254.2	5 / Double \$400.	00 +HST=\$452.00 (for larger size call)			
Circle Payment type:	Cash	Cheque	Visa	Master Ca	rd			
Card #		Expiry	/					
Proof of insu	urance to: Por	t Dover Sumr	ner Festiv	val, P.O. Box 12	e safety confirmation form, 203, Port Dover, ON N0A 1N4 1: <u>info@portdover.ca</u>			

Note: We have limited space in the park and applications will be reviewed as they are received.