

## Saturday August 16th & Sunday August 17th, 2025

Food Product Application	Date Received	Insurance	Payment	Health Dept
1st Jury meeting is April 1st	Applications ac	ccepted after	subject to jury ap	proval and space availability.
Vendor's name	Business name			
Street, Apt,		City		Postal Code
E-Mail		Wel	osite	
Telephone	I would prefer to keep last year's booth location			
Provide section and number; we will	try to meet this reque	est but <b>do not</b> gua	arantee to do so. Many	y factors affect placement of vendors.
Note any special requests such as hy-	dro required:			
Information needed while here at the	show: Circle or name	e type of vehicle	Van Truck Tra	ailer RV Other
License Plate #	Cell or other local contact number			
Please provide a list of recently jurie	·		·	neral Liability to the Port Dover Board of Trade
PO Box 239, Port Dover, ON N0A1N0 a  1. \$2,000,000 Bodily Injury & Pr  2. Additional Insured listed as	s follows: operty Damage – Inclus Port Dover Board of 2	ive Frade & Port Dove	r Summer Festival 2.T	the Corporation of Norfolk County.  or emailed to info@portdover.ca.
All possible care will be taken; however, responsible for any loss or damage to go				of Trade Inc. nor Norfolk County can be held ment weather conditions.
<b>Fire Safety requirements:</b> Read and cor is surety that you will comply with their				nty Fire Department. Your signature on this for
HN Health Department: Special Event https://hnhu.org/health-topic/special-ever I have read, understood and will comp	nt-food-provider-applica	ation/ fill out		HN Health Department.
Signature	Date			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Entry Fee includes HST {# R 10	7853053} payable	to the Port Do	ver Summer Festiv	val. Date
Circle size requested: Single (1	0'x10') \$225.00 +\$	29.25  HST = \$	254.25 / Double \$4	00.00 + \$54.00  HST = \$454.00
(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 NOA 1N4 Telephone: 519-583-1314 Fax: 519-583-3275 E-Mail: info@portdover.ca

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