



# VENDOR APPLICATION

Callander's 36<sup>th</sup> Annual

**FunFest & Canada Day Celebration**

**Saturday, June 29, 2019**

**Centennial Park & Callander Community Centre**

## 1 CONTACT INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## 2 VENDOR CATEGORY

(Vendor fees as per By-law). (Internal note: ADMIN Misc. FunFest).

- Handmade Products/Artisan Vendor (\$25 + HST, 11 a.m. to 4 p.m.) (10 x 10 tent/space)
- Snack and/or Refreshment Vehicle (\$50 + HST, 11 a.m. to 10 p.m.) (10 x 10 tent/space)
- Community Group (Free, 11 a.m. to 4 p.m.) (10 x 10 tent/space)

**Note:** Vendors and community groups catering to families and children will be located at Centennial Park (Waterfront). All other artisans and community groups will be at the Bill Barber Arena (covered outdoor rink) at the Callander Community Centre, 1984 Swale St. Callander. Food vendors will be located at both venues.

## 3 INSURANCE

(Internal note: ADMIN Misc. Liability Insurance).

A general liability insurance of a minimum of two million dollars (\$2,000,000.00), naming the Corporation of The Municipality of Callander as additional named insured, needs to be presented prior to the event. Artisan vendors without insurance may purchase coverage through the Municipality of Callander's insurer at a cost of \$35. Vendors selling food items need to have their own insurance. Some community groups are covered by the Municipality's insurer (please inquire).

Do you have a general liability insurance coverage?                      Yes                      No

- I am enclosing an insurance certificate including the Municipality of Callander as additional name insured.
- I would like to purchase coverage through the Municipality of Callander's insurer. \$35 will be added to my vendor fee.

## 4 PAYMENT AND TERMS

- Full payment must be received with registration. There will be no refund in case of cancellation.
- Cash, cheque or debit payments will be accepted at the Callander Municipal Office 280 Main St North Callander between 8:30 am – 4:30 pm Monday – Friday (Excluding Statutory Holidays).
- Applications will be reviewed by vendor coordinators. Successful applicants will be notified promptly.
- The Municipality of Callander is not liable for damages to displays.
- Vendors are responsible for any tables, chairs, garbage bins and coverage from the weather they may need.
- Vendor layout maps and parking instructions will be sent to you five days before the event.
- Vendors are permitted to begin set up at 9:00 am.
- Centennial Park vendors: All vehicles must be removed by 10:30 am, to leave room for the FunFest Parade.

## 5 BUSINESS DESCRIPTION

Please indicate the nature of your business and any other relevant information: \_\_\_\_\_

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## 6 PRODUCT DESCRIPTION

Please provide a list of the kind of products you wish to sell and the prices. Feel free to provide photographs.

PRODUCT	PRICE	DESCRIPTION

## 7 FOOD VENDORS - Please provide details regarding food preparation and vehicle:

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## 8 HEALTH UNIT APPROVAL

**ALL VENDORS SELLING FOOD ITEMS MUST PRESENT A HEALTH UNIT APPROVAL BEFORE THE EVENT.**

Please contact the North Bay Parry Sound District Health Unit at 705-474-1400. An application form is available at the Health Unit's website. The letter/approved Health Unit form must be displayed within your unit during the event. Failure to do so will result in the removal of your unit.

## 9 GARBAGE

We ask all vendors to assist with keeping their booth space and surrounding area as clean as possible to facilitate a clean, professional-looking show. We also encourage vendors to minimize packaging of products that generate waste. Please discard all garbage in available bins upon completion of the event.

## 10 FUNFEST CONTACT

Catharina Nordbeck, Municipality of Callander, [cnordbeck@callander.ca](mailto:cnordbeck@callander.ca) phone: (705) 752-2608, ext. 23.

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please retain a copy of this application for your records.**