



**Shannonville
Agricultural
Society**

Box 228, 363 McFarlane Road
Shannonville ON K0K 3A0



Food Vendor Contract

Company Name:

Contact Name:

Telephone Number:

Email:

Business Address:

Description of Products: (If needed, a list of products/prices may be attached.)

Vendors must provide a copy of their insurance certificate with this application.

Vendor event insurance coverage can be obtained through your personal insurer or alternatively through PAL Insurance brokers. ([PAL Vendor Insurance Portal](#))

Please send a copy of your proof of insurance with this contract.

Indicate the Number of Required Vendor Spaces

of Required Vendor Spaces:

x \$150.00/space = \$:

Add \$30.00 if you require electricity = \$:

Total Payment Required = \$:

Completed Applications & Payments

Mail to: Shannonville Agricultural Society, PO Nox 228, Shannonville ON K0K 3A0

Or

E-Transfer to saspayments170@gmail.com (password: WorldsFair2266)

(Indicate e-transfer is for membership dues.)

Agreement and Signature

I have read the food truck vendor information provided with this application and agree to the Terms and Conditions outlined in it. I have included all payment and pertinent paper work.

Dated this:

day of:

20__

Vendor Signature:

Print if Digital

SHANNONVILLEAGSOCIETY.CA