Shannonville Agricultural Society

Box 228, 363 McFarlane Road
Shannonville ON K0K 3A0

Regular 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 $35.00/space = $:	
Total Payment Required = $:			

Completed Applications & Payments

Mail to: Shannonville Agricultural Society, PO Nox 228, Shannonville ON KOK 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 outlind in it. I have included all payment and pertinent paper work.

Dated this:		day of:		20__

Vendor Signature: _____

Print if Digital

SHANNONVILLEAGSOCIETY.CA