

56th Annual Elmvale Maple Syrup Festival
Saturday, April 27, 2024



Vendor Application and Registration Form

(Please Print Clearly)

Business Name: _____

Owner/Operator: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone No. (____) _____

E-Mail address: _____

Type of product/service being sold: _____
(one product group per booth) _____

Are you a food Vendor? Yes (___) No (___)

Are you heating, cooking or preparing food on site? Yes (___) No (___)

If YES, please contact Springwater Township for a "Refreshment Vehicle License" at (705)728-4784 for further details and to arrange inspections. Please contact the Township prior to **April 1st**.

Requested Booth Location *(Please check at least one.)* **Note: All prices include 13% HST** Business#: **846737757RT0001**
Street Map and additional vendor applications are viewable online at www.emsf.ca.

Outside Street Single Booth (10'x14') Cost \$150 ___ **Outside Street** Double Booth (10'x28') Cost \$275

Inside Arena, Single Booth (10'x12') Cost \$170 ___ **Inside Arena**, Double Booth (10'x24') Cost \$300

Inside, Arena, HydroCost Add \$50: _____

1st Choice: Arena#: _____ Maria St#: _____ Parking Lot#: _____

2nd Choice: Arena#: _____ Maria St#: _____ Parking Lot#: _____

3rd Choice: Arena#: _____ Maria St#: _____ Parking Lot#: _____

Payment Methods Accepted:

E-Transfer:

Include name of business on memo line of e-transfer

E-Transfer Email: vendors@emsf.ca

Cheque:

Cheque Payable to: EMSF and mailed to address at lower right along with your signed application.

Legal Disclaimer: *The applicant agrees to save harmless the **Elmvale Maple Syrup Festival Association** and their committee members at all times from any claim of any kind or nature what-so-ever in law, equity or otherwise arising out of or indirectly resulting from the construction, operation or maintenance of the applicant's operation at the **Elmvale Maple Syrup Festival**. I have read and understand the information provided with this application; "General Information", "Festival Rules and Regulations for Vendors" or can be viewed at www.elmvalemaplesyrup.ca/vendor.html.*

Signature: _____ **Date:** _____

Please Note:

Send this completed application to the address to the right of this page or email vendors@emsf.ca by **March 31st** along with your payment. Please make cheques payable to the order of: "**Elmvale Maple Syrup Festival**". Post dated cheques will not be accepted, any received will be returned with this application. Business#: 846737757RT0001.

Applications **MUST** be filled out in full for consideration.

**Elmvale Maple Syrup
Festival Association**
P.O. Box 3002
Elmvale, Ontario
Canada L0L 1P0
vendors@emsf.ca

