



HEALTHY LIVING FESTIVAL VENDOR APPLICATION 2018

Saturday, June 16, 2018 - 10:00 a.m. to 3:00 p.m.

Set-up by 9:30 am

Tear-down after 3:00 pm

NO VEHICLES WILL BE PERMITTED ON THE FESTIVAL
GROUNDS FROM 10:00am – 3:00pm
EXCLUDING EMERGENCY VEHICLES AS APPROVED BY HLF COMMITTEE

To be considered complete, all applications must include:

- 1) **Completed application form**
- 2) **Payment in full (cheque or money order made out to Downtown Business Association) by FRIDAY MAY 18TH 2018**
- 3) **Proof of insurance. Mandatory requirement for all participants (\$2,000,000 liability insurance). ALL vendors are required to be fully insured to \$2 million in liability, and to provide an *Insurance Certificate* naming all of the following as an “additional insured” party:**
 - **The Corporation of the Town of Smiths Falls**
 - **Smiths Falls Downtown Business Association**
 - **Healthy Living Festival**

****NEW**** Vendors who do not have access to insurance coverage may apply for coverage under the festival’s policy for \$30.00. Please indicate your coverage needs on the application and add the value to the cheque.

- 4) **Any applicable permits required due to the nature of the vendor’s business.** Food vendors will be required to fill out an additional ***Community Health Protection Department Special Events – Food Vendor Application***, which will need to be sent to the Leeds, Grenville & Lanark District Health Unit within **10** working days of the festival date, June 16th (*Monday, June 4/18*). The food vendor form will be sent to each food vendor upon acceptance.
Failure to include one of these items may result in the delay in processing of your application.

Additionally, the following conditions apply:

- a) All applications must be approved by the Healthy Living Festival Committee.
- b) All applicants must be 18 years old (+) on the date of application.
- c) There are no refunds at anytime.
- d) Please ensure the description of activities and items for sale or display is thorough. On the day of the event, should your activities and goods be different from that described in your application your application may be withdrawn and your booth space cancelled.
- e) There are no power outlets available to vendors. Any transported power outlets need to be approved by the Healthy Living Festival Committee.
- f) All booths must be ready to serve the public by 9:30 a.m. on the day of the event and must remain in place until 3:00 p.m. The event will proceed rain or shine.

Please read over the information carefully before completing the attached application form.

Please note: applications are accepted on a first come, first served basis. Applications received without payment in full accompanying them will not be considered to be received until payment in full has been submitted. There are a limited number of vendor spaces available, please take care to submit your application as quickly as possible.

KEEP THIS PAGE FOR YOUR RECORDS



HEALTHY LIVING FESTIVAL VENDOR APPLICATION 2018

Saturday, June 16, 2018
10:00 a.m. to 3:00 p.m.

How to Apply

Complete the vendor application form below.
Please make cheques payable to “**Downtown Business Association**”.
Payment must accompany the application to be considered complete.
Return completed application, cheque & proof of insurance to:
Smiths Falls Downtown Business Association
77 Beckwith St. N., Smiths Falls, ON K7A 2B8

Business Name:		
Contact Name:		
Address:		
Phone:	Email:	
Website:		
Please list my email & website on the Healthy Living Festival's webpage, if possible. <input type="checkbox"/>		
Description of products/services & how you meet our goals of achieving healthy & active living in the community:		

TYPE OF BOOTH (10' x 10' Non-Electric ONLY)		
EARLY BIRD - Artisanal / Information / Food Vendors (If received before April 15, 2018)	\$100.00	<input type="checkbox"/>
REGULAR - Artisanal / Information Vendors (If received after April 15, 2018)	\$125.00	<input type="checkbox"/>
FOOD VENDORS (If received after April 15, 2018)	\$125.00	<input type="checkbox"/>
6" FOLDING TABLE RENTAL (If required, limited supply)	\$10.00	<input type="checkbox"/>
INSURANCE COVERAGE (If required)	\$30.00	<input type="checkbox"/>
PROOF OF INSURANCE COVERAGE (Attached)	Attached	<input type="checkbox"/>
TRANSPORTING OWN POWER SOURCE (Please provide details for Committee approval)	Yes	<input type="checkbox"/>
Cheque Total		\$
Signature:		Date:
OFFICE USE ONLY	RECEIVED:	COMPLETED:
INSURANCE:	PAYMENT:	LOCATION: