XXXXXX AGRICULTURAL SOCIETY

VENDOR AGREEMENT FORM

VENDOR FEE: $XX

(To Be Completed BY Vendor)

NUMBER OF SPACES WANTED:

VENDORS NAME:

ADDRESS:

HOME PHONE: CELL:

TYPE OF MERCHANDISE: (to avoid duplicate vendors please list everything you will be selling)

PLEASE NOTE:

Any vendors selling food products other than baked goods or candy must contact the XXXXXX Agricultural Society thirty days (30) prior to the fair. We have been informed by the XXXXXXX Health Unit of Application Requirements of Food Sales/Distribution. Application to the Health Unit must be made at least 21 days before the Fair. Food vendors who do not have proof of Health Unit Approval will not be allowed to sell at the Fair and will be turned away. We ask that if you have a tent to please bring it with you.

Applicants please return this FORM and MONEY prior to Fair day. All money is non- refundable.

Thank you for your co-operation.

Return applications to: XXXXXXX Agricultural Society

XXXXXXX XXXXXXXXX ON XXX XXX

Gates open at X:00 a.m. Admission is $X.00

**SEE YOU AT THE FAIR**