



CHESTERVILLE & DISTRICT
AGRICULTURAL SOCIETY
PO Box 571, Chesterville ON K0C 1H0

CONCESSION/VENDOR RULES & REGULATIONS - 2018

1. Space is priced at:

1. Food Concessions: \$250.00 per stand
2. Non-food Vendors space: \$100.00 for 10x10 space
3. Space will not be sub-divided, if you need 15', you need 2 spaces)

2. Fair Hours are:

- Friday: 3pm to 8pm. (must be set up prior to 330pm)
Saturday: 9am to 9pm.
Sunday: 10am to 4pm. (must be open until 4pm)

(On Sunday - The exhibit hall will be closed at 4 until 4:30 when exhibitors are allowed in to get their items)

3. Payment is required with the signed contract prior to June 30th. There will be a \$25.00 fee charged for NSF cheques. After June 30th no refunds will be given for cancellation or no-shows.

4. Each vendor is responsible to maintain adequate liability insurance (minimum of \$2 million) for property damage and personal injuries and by signing the contract agrees to indemnify the Chesterville & District Agricultural Society and any person or organization acting on its behalf harmless against claims and losses. A copy of your current proof of liability insurance must be returned with your signed contract.

5. This is an outdoor event. The vendor is responsible for the flooring of the booth, if desired, and must not impede the free flow of traffic. Condensation may occur during the night, therefore be prepared to cover your wares. Limited indoor space will be available in the Exhibition Hall.

6. Indoor non-food vendors will supply their own tables. CDAS can supply up to one (1) table if required but we need to know 30 days in advance.

7. Each vendor is responsible for collecting and remitting their own HST. Your vendor permit must be displayed and the permit and HST numbers entered on the contract.

8. Each concession/vendor will receive two (2) weekend passes to the Fair. Extras may be purchased at a reduced cost (\$15 each).

9. Please return two (2) contract forms, proof of liability insurance, showing the Chesterville & District Agricultural Society as a named insured, and your cheque payable to The Chesterville & District Agricultural Society by mail to the following address: Chesterville & District Agricultural Society, Box 571 Chesterville Ontario K0C 1H0. A signed copy will be returned to you.



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Vendor Contract – 2018

Please note: Space is on a first come, first served basis.

Please print:

Name: _____ Business Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Electricity: (circle one) Yes No If “Yes” (circle one) 110 / 220

Preferred location: Inside _____ Outside _____ Product Description _____

HST #: _____

Vendor Booth Space (at \$100 per 10’ space) Quantity _____ \$ _____

Weekend Passes (extra): _____ at \$15.00 each Quantity _____ \$ _____

Total Payment: (HST is included in all pricing) \$ _____

CDAS HST Registration # is 128229242 RT0001

NOTE: Please complete, sign and mail two copies. One copy will be returned to you for your records. Please make cheques payable to **Chesterville & District Agricultural Society**. Please return total amount of payment in full to reserve your space. **A copy of your current proof of liability insurance (minimum of \$2,000,000) must be attached and must show the Chesterville & District Agricultural Society as a named insured.**

I have read and agree to the terms of participation as stated in the application rules and regulations. I am submitting my contract and payment to reserve my space at the Chesterville Fair, 2018. The vendor agrees that the Chesterville & District Agricultural Society has the right not to accept the vendor’s application or may cancel the vendor’s application and any rights for space at the Chesterville Fair for any reason whatsoever and the sole remedy of the vendor is a return of the fees paid without any claim for loss or damages.

Vendor signature: _____ Date: _____

Please return to

Chesterville & District Agricultural Society, Box 571 Chesterville, Ontario K0C 1H0

Office Use

Payment Received on: _____, 2018. Cheque No. _____ or Cash

Copy of Current proof of insurance attached: Please circle one: Yes No

Accepted on behalf of Chesterville & District Agricultural Society:
