# ***Fantasy of Lights Sip & Shop***

**Your application and payment in full must be submitted by November 10, 2017**

- Hydro: There is hydro available on tables 1 - 12
- This is a two-day event for vendors and you will be required to stay for the two days
- Vendor setup –1:00p.m. on Sat Dec 2 Vendor take down –9:00p.m. on Sun Dec 3
- Vendor hours of operation: Saturday Dec 2rd: 2 p.m.-9:00p.m.
  Sunday Dec 3th: 4:00p.m.-9:00p.m.

Name of Business: _____

Vendor's Name: _____

Address: _____City:_____

Postal Code: _____ Email: _____

Telephone: ( ) _____ Cell: ( )_____

1. Do you sell handmade crafts? Yes ____ No ____

   Do you sell commercial/manufactured products? Yes ____ No ____

   All electrical products MUST have Certification Marks

2. Please list/describe all the items that you will be selling or the service provided.
   **Absolutely, NO knives, pipes-drug paraphernalia or other objectionable objects, real or decorative. This is a family event.**

   _____

   _____

3. Vendor fee per (8 ft table/space) = $10.00

**"In consideration of the foregoing, I, for myself, my executors, administrators and assigns, do hereby release and forever discharge the Fantasy of Lights Festival and committee, volunteers, other sponsors and organizers for all claims of damage, action and causes of action whatsoever, in any manner arising out of or related to my participation in the Fantasy of Lights Festival. Further, hereby grant full permission to any and all of the foregoing to use any photograph, videotape, film, motion picture or record of my participation."**

Amount remitted $_____ Payment needs to be received to be accepted.

**I agree to all the terms and understand the above**

_____ _____

**Signature** **Date**

**MAKE YOUR CHEQUE PAYABLE TO: "Town of Kingville"**
**Mail application to: Town of Kingsville Parks and Recreation**
**1741 Jasperson Lane**
**Kingsville, ON N9Y 3J4**
**Attn: Fantasy of Lights Sip & Shop Holiday Nights**
***Or Return by email to: mdurocher@kingsville.ca***

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Kingsville Parks & Recreation Office Use Only 519-733-2123

Date application received: _____ Cheque # _____

Order received: _____ Table # _____