



**ALBERNI DISTRICT FALL FAIR (ADFF)  
FOOD VENDOR APPLICATIONS  
GST # 124313474 RT0001**

BUSINESS NAME:
CONTACT NAME:
ADDRESS:
CITY:
EMAIL:
INDICATE TYPE OF UNIT YOU WILL BE USING: <input type="radio"/> Food Truck <input type="radio"/> Food Booth
TYPE OF FOOD TO BE SOLD: <b>Note:</b> a full list of items must be included on an attached menu sheet.

**COSTS:**

Rental deposit fees will be based on \$30.00 per foot frontage plus GST and 15% of gross sales.  
The deposit fees will be subtracted from the total gross sales

10'x10' booth - stationary building units - \$300.00

20'x20' - space rented or double stationary units- \$600.00

Food Trucks - \$30. per foot based on your measurements from bumper to bumper

**Note: Spaces must be secured with a basic deposit payment, and then supply a Insurance Certificate and copy of Health Permit by August 15th.**

Vendors will be on the honour system, and report your daily tally sheets to the office daily. Those caught not reporting correctly will not be invited back the following year.

**1. ALL VENDORS MUST SUPPLY A CERTIFICATE OF INSURANCE:**

**NAMING THE ALBERNI DISTRICT FALL FAIR AND CITY OF PORT ALBERNI IN THE AMOUNT OF 2,000,000. Commercial General Liability & Tenants Legal Liability in the amount of no less than 500,000.**

**2. Food Permits must be in place and copies received from vendors to our office by August 15th deadline in order for our office to submit an event plan to Island Health**

**3. ADFF will supply communal sinks with running hot and cold water to those vendors needing to rent a stationary booth**

**4. ADFF will supply each vendor with 4 passes per day, and parking spaces for 2**

I the undersigned agrees to the conditions as laid out in the "RULES AND REGULATIONS" FOR FOOD VENDORS

**Signature of Exhibitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (May be typed in)

**Methods of Payment:**

\_\_\_\_\_ By cheque: make cheques payable to the Alberni District Fall Fair or

\_\_\_\_\_ E Transfer: to albernifair@shaw.ca

Return your completed form and deposit payment to:

**Alberni District Fall Fair PO Box 32, Port Alberni V9Y 7M6 or email to: albernifair@shaw.ca**

Office use: Date Received: _____ Payment Method: _____ Proof of Insurance: _____ Health Food Permit: _____
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Menu: \_\_\_\_\_

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