



# CANADA DAY VENDOR APPLICATION FORM

## VENDOR INFORMATION

Full Name :

BUSINESS / ORGANIZATION :

Type of Vendor/  
Company representing : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Note: The Canada Day Committee reserves the right to limit similar vendors and deny vendors

## FEE DETAILS

The vendor fee is \$100.00 including HST per Vendor Space

# of vendor spaces required (10x10 per space) :  1  2  3  4  5

Vendor Space Fee : \_\_\_\_\_ Special Event Fee\* : \_\_\_\_\_

Total : \_\_\_\_\_

\* As per By-law #30-2007 Businesses that do not have establishments in Shelburne will be charged a Special Event Vendor Fee for a Special Event Vendor License.

## INSURANCE DETAILS

Vendors will need to provide a Certificate of Insurance with Commercial General Liability coverage in the minimum amount of \$2,000,000 naming "The Corporation of the Town of Shelburne" as an Additional Insured.

## PUBLIC HEALTH INFORMATION

Food and Personal Services Vendors must submit a completed Special Event Vendor Application Form to Wellington-Dufferin-Guelph Public Health by Friday June 16, 2023 in order to participate. (email the PDF form to PHI.Intake@wdgpublichealth.ca or complete the online application form). Public Health will have to approve the application in order to operate at the event.

<https://wdgpublichealth.ca/your-community/inspections-businesses-events/hosting-special-event/>

## PAYMENT INFORMATION

Payment can be made via cash, cheque or debit at Town hall. E-transfers are accepted by sending to treasurer@shelburne.ca and indicating vendor and name in memo line. Receipts will be provided.

### More Information :

203 Main Street East, Shelburne Ontario

(519) 925-2600 (Office)

Shelburne.ca



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## INDEMNITY AND WAIVER

This Release, Waiver, and Indemnification Agreement is hereby given by \_\_\_\_\_ (“Indemnitor”) in favour of The Corporation of the Town of Shelburne Event: (hereafter the “Event”); (“indemnities”) and all elected officials, directors, officers, agents, employees, contractors, sponsors, donors, volunteers, organizers and fundraisers of said Event and the Corporation of the Town of Shelburne, County of Dufferin.

## AGREEMENT

1. Indemnitor hereby releases Indemnitees and forever waives Indemnitor’s claims against Indemnitees for any and all claims, causes action, damages, demands, penalties, and costs, including legal fees that arise in relation to the EVENT.
2. Indemnitor acknowledges that this Release applies to all claims or causes of action which currently exist, or which have existed, or which may arise or are discovered in the future in relation to Indemnitor’s activities at the EVENT.
3. Indemnitor intends this to be a complete and total release of all claims, whether known or unknown, fixed or contingent, or whether the facts hereafter prove to be other than or different than the facts known by the Indemnitor or believed by Indemnitor, and this Release and Waiver shall be construed as broadly as the law allows to accomplish this stated intention.
4. Indemnitor represents and agrees that no legal action of any kind will be taken against the Indemnities by them in relation to the EVENT.
5. Indemnitor shall indemnify and hold Indemnitees harmless for any and all claims, demands, losses, costs, obligations, and liabilities Indemnitees may occur or suffer in direct or indirect relation to Indemnitor’s acts or omissions at the EVENT.
6. Indemnitor shall also indemnify and hold Indemnitees harmless from any and all claims, demands, losses, costs, obligations and liabilities that Indemnitees may incur or suffer as a result on Indemnitor’s breach of any agreement, covenant, or warranty in this agreement. Indemnitor shall further indemnify and hold Indemnitees harmless from any and all liabilities, claims, and causes of actions arising from the operation of the EVENT. The indemnity obligations of this paragraph shall include indemnity for reasonable legal fees and court costs incurred.

## SIGNATURE

I / We the undersigned, and hereby acknowledge that:

1. I / we are at least 18 years of age; and that
2. I / We have read the foregoing and understand its content, import and meaning.

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

## OFFICE USE ONLY

Date : \_\_\_\_\_ # of Vendor Spaces : \_\_\_\_\_

Vendor Number : \_\_\_\_\_ Payment Type : \_\_\_\_\_

Staff Name : \_\_\_\_\_ Staff Signature : \_\_\_\_\_

### More Information :

📍 203 Main Street East, Shelburne Ontario

☎ (519) 925-2600 (Office)

🌐 Shelburne.ca