

| (OFFICE | USE ONI | Y) CONTE | RACT # |
|---------|---------|----------|--------|

| Full Name:                |              |
|---------------------------|--------------|
| Phone #:                  | Fax #:       |
| Address:                  |              |
| City:                     | Postal Code: |
| Email:                    |              |
| Type of goods to be sold. |              |

## **CONDITIONS OFCONTRACT:**

Please note that each space is no more than 10' x 10' and contains a table which measures 6'x 2'. No chairs are provided. Only tables purchased through our office are permitted for use. The cost of one table is \$30. Payment must be in cash – no cheques or credit cards will be accepted. There is a maximum of 70 spaces.

1. Amesbury Canada Day Committee Inc. has the right to restrict the sale of certain items.

THE FOLLOWING GOODS ARE PROHIBITED FROM BEING SOLD:

- Any food products
- Refreshments
- Fireworks
- Illegal/contraband items
- Livestock

2. The Committee reserves the right to alter or change the space assigned to the Vendor at any time.

3. Cancellation of this contract by the Vendor will result in **<u>NO REFUND</u>** being issued.

4. SET UP – IS PERMITTED ONLY ON JULY 1<sup>st</sup> 2016 STARTING AT 8:00 AM Vehicles may be unloaded at the park entrance at the library. Vendors may NOT drive onto park property or on the walkway. Vendors are advised to bring a cart or trolley for the transport of items.



6. Vendors MUST vacate the area with any remaining items by 6:00PM

7. AVAILABILITY – Tables are rented on a "first-come, first-served" basis and upon received payment in full.

On the Contract with the City and the Amesbury Canada Day Committee Inc. you signed and asserted the following waiver.

## WAIVER:

I hereby release and forever discharge the City of Toronto and the Amesbury Canada Day Committee Inc. and its members for all actions, damages, claims and demands whatsoever arising by reason of participation in the above program or any of its associated activities. I have read, understood and agree to the contents of this contract in its entirety.

Signature of Participant (18 Years +)

Signature of Staff / Committee Member

Date

(OFFICE USE ONLY)

| TABLE #Fee Paid | Fee Collected at Office | Added to Master List |  |
|-----------------|-------------------------|----------------------|--|
|-----------------|-------------------------|----------------------|--|

FAX APPLICATION TOMR. LUIGI MUIA @ (866)-612-3469