



Vendor Application

Vendor Information

Organization: _____ Date: _____

Contact Name: _____

Address: _____
Street Address Apartment/Unit #

City State Postal Code

Phone: _____ Email _____

Vendor ID: _____ Tax ID Number: _____

Organization Type:

- Business [] \$50 fee
Not for profit [] No fee
Other []

Please explain:

Applying as:

- Information Booth []
Demonstrator []
Sales Vendor []
Other []

Please explain:

- Payment via [] Cash
[] Cheque
[] N/A

Description of your offerings as a vendor:

Please note we are requesting each vendor contributes one item for a door prize as well as any items that may be included in the 300 attendee giveaway bags.

INTERNAL USE ONLY

Vendor ID: _____ Payment Received: _____

Please note that all vendor applications are subject to approval. You will receive confirmation within 10 days of applying. For additional information please email recreation@grimsby.ca