



P. O. Box 250
Powassan, Ontario P0H 1Z0
www.powassanmaplesyrupfestival.ca

APRIL 25, 2026 VENDOR APPLICATION FORM

PLEASE PRINT CLEARLY AND BE SURE TO SIGN THE BOTTOM OF PAGE 2

Business Name: _____

Contact Name: _____

Address (Street Address or PO Box / Town-City/Postal Code):

Phone No. _____ Email: _____

SPACES ON MAIN STREET

Number of 10' x 10' required _____ x \$110.00 = \$ _____

Do you want to be situated in a specific area? - Please indicate _____

Do you want to be situated beside a specific Vendor? – Please indicate _____

SPACES INSIDE

Number of spaces required _____ x \$130.00 = \$ _____

All Vendors will be advised when their applications have been processed and accepted by the festival. Please wait to send payment after you have received confirmation. Payment can be done via cash/debit (at 250 Clark) OR by e-transfer to:

etransfer@powassan.net **PLEASE – put your VENDOR NAME on your e transfer so that we can match with you.**

PLEASE NOTE: Health Unit approval forms (for Vendors selling food) MUST be provided asap and also be posted at your Vendor location on the day of the Festival.

Your application will not be deemed complete until we have received your Health Unit approval

Please provide a description of the items that you will be selling:

To the Powassan Maple Syrup Committee:

I, the Lessee shall save and hold harmless "The Municipality of Powassan" and the "Powassan Maple Syrup Festival Committee", their members, agents and employees from any and against all claims, demands, losses, costs, damages, actions, suits or proceedings by any third party that may arise out of or, or may attribute to, all operations performed by or carried out by the Lessee, his/her agents, employees or servants, or anyone for whose acts he may be liable, howsoever caused. I, the undersigned, agree to the above stated.

Printed Name: _____ Vendor Signature: _____

Date: _____