## **Vendor Application**

Date of application: _					_
Name of Applicant:					<del>_</del>
Business/Organization: _					_
Product/Service:_					_
-					_
Phone Number: _					_
Email: _					_
Number of Spots: _					_
Non-profit?	yes		no		
Other Permits/Licences Req'd? (i.e. IHA)	yes		no		
Comments:					
Total Cost: _ \$35 per spot (\$10 non-profit)					
Payment Method (circle/click):	Cash	Cheque	Debit	Credit Card	
Preferred Location:	*preferred location n	not guaranteed.			
I have read the Vendor Informa acknowledge that it is my respor be held liable for any damages,	nsibility to obtain injuries, lost or s	n insurance if	required a	and that the District	of Barriere will NOT
Signed:					
This section to be completed by	Event Organizer	*			
	_				
pplication paid & approved?	A	ssigned locat	ion:		