



2020 CHARITY VENDOR APPLICATION

ITEMS MARKED WITH A * MUST BE COMPLETED.
MISSING INFORMATION WILL BE CONSIDERED AN INCOMPLETE APPLICATION.

***CHARITY NAME & NUMBER:**

***CONTACT NAME:**

***MAILING ADDRESS:**

***PHONE:**

Main Contact Number

Alternative Number

***EMAIL ADDRESS:**

WEBSITE:

SOCIAL MEDIA:

Facebook

Instagram

Twitter

Other

***ITEMS TO BE SOLD:**

Physical product samples must accompany applications for first time applicants

***LICENSE PLATE/S #:**

***CREDIT CARD #:**

Expiry & CVV

***EQUIPMENT:** Please select equipment required (included in vendor rate)

Power is a REQUEST only

6ft Folding Table

Chair (does not fold)

110V Power

2020 RATES

REGISTERED CHARITY RATE \$55 PER NIGHT: Please select a maximum of three dates

MAY 06 13 20 27

JUNE 03 10 17 24

JULY 01 08 15 22 29

AUGUST 05 12 19 26

2020 VENDOR AGREEMENT

I have read the 2020 Guidelines for the Vendor Participation and agree with the terms.

I understand that there will be **NO parking** in Parking Lot 1.

I understand that parking in Parking Lot 5 will not be permitted unless communicated **IN ADVANCE** The Chamber of Commerce.

The Chamber of Commerce reserved the right to refuse participation if the rules are not met.

Payment must be made at least 5 business days prior to the first and following days of participation.

Any and all late payments (*anytime* after 5 business days prior to Harbour Nights) will be charged at \$50 late fee- for each occurrence.

Failure to make payment on time may result in the termination of contract.

The Chamber of Commerce reserves the right to cancel any agreement with the applicant, if any information provided by the applicant contains false, misleading or conceals or omits any information the Chamber of Commerce would likely considered material to its decision to enter into a relationship with the application regarding third party intellectual property rights or other rights.

Application Checklist

- | | |
|--|--|
| <input type="checkbox"/> Read and Signed Vendor Guidelines | <input type="checkbox"/> Signed Insurance Waiver |
| <input type="checkbox"/> Physical Product Sample / Photos | <input type="checkbox"/> Proof of Insurance (<i>if applicable</i>) |
| <input type="checkbox"/> Completed Vendor Application | <input type="checkbox"/> Read and Signed Fire Safety Guidelines (<i>if applicable</i>) |
| <input type="checkbox"/> Previous Participation in Harbour Nights (<i>if not, leave blank</i>) | |

I hereby confirm that all fees and unsettled debts related to my participation in Harbour Nights 2020 will be charged to the credit card listed on the application

Signature: _____ Date: _____