



Prince Rupert Special Events Society
 PO Box 306
 Prince Rupert, BC V8J 3P9
 424 - 3rd Ave., West
 Phone: (250) 624-9118
 Fax: (250) 624-9218
 Email: prspecialevents@citytel.net

**SEAFEST 2010
 VENDOR PERMIT APPLICATION**

Applying for: Saturday, June 12th Downtown: ____ Sunday, June 13th Waterfront: ____

Name of Business, Club or Group: _____

Contact Person: _____

Mailing Address: _____ Postal Code _____

Telephone: work _____ home _____

Fax _____ Email _____

(we will contact you by email for next Seafest)

Description and details of food or merchandise you are selling, or service you will be providing:

Saturday location request: _____

Sunday waterfront location is designated by the Seafest Committee.

FEES: \$150.00 per vendor booth per day; Student/school groups \$100.00 per day

PLUS Food Vendor *only* - clean up deposit \$150.00

The Seafest Committee may deem it necessary to have you connected to electricity due to noise restrictions on generators. If electricity is necessary or needed, please inform us and include an additional \$40 fee.

RETURN THIS FORM AND FEES PAYABLE TO: Prince Rupert Special Events Society

INDEMNITY AGREEMENT

In consideration of this permit, I/we waive and release any and all rights of claim for damages, I/we may have or acquire against the Prince Rupert Special Events Society, Seafest Committee, or the City of Prince Rupert for any and all injuries and damages caused to or by me/us. I/we have read the rules governing this permit and agree to abide by same. I/we understand that failure to do so will void this permit and our fee will not be refunded. It remains the sole responsibility of the participants to act and govern themselves in such a manner as to be responsible for their own safety.

 Signature – Business/Club/Group Representative

 Print Your Name

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Office Use Only

Date Received: _____

Staff Initial: _____

Fee: \$ _____ Saturday Cash ___ Cheque ___

\$ _____ Sunday Cash ___ Cheque ___

Deposit: \$ _____ Cash ___ Cheque ___

\$ _____ Cash ___ Cheque ___

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FoodSafe rec'd: Name: _____ Name: _____

Deposit Returned: Date: _____ Amount: _____ Staff Initial: _____

Signed by receiver of deposit: _____