



Delta Agricultural Society

110 Mill Creek Drive
P. O. Box 220
Delta, Ontario
K0E 1G0



Concession Application Form

Deadline: July 10th, 2019

Company Name / Contact: _____

Address: _____

Street Address

Postal Box Number

City / Town or Village

Postal Code

Contact Numbers: Phone / Fax: _____

Email: _____

Location of Space Required: Indoor _____ Outdoor _____

Type of Products to be Sold/Displayed: _____

Hydro Required () No () Yes If Yes, what for? _____

Water Required () No () Yes If Yes, what for? _____

Please enter the applicable calculations to complete this application form.

Total Feet of Frontage: _____ x \$10.00 **OR** = \$ _____

Total Feet of Frontage for Meal Type Prepared Foods: _____ x \$15.00 = \$ _____

Basic Hydro: Not optional \$ 20.00 NOT OPTIONAL

Additional Hydro/ Number required at \$30 per outlet _____ x \$30.00 = \$ _____

Sub-Total (total of above three lines) \$ _____

HST 13% (#12345 2492 RT) = \$ _____

If paying by VISA or Master Card, add 3% **New!** = \$ _____

Card Number: _____ Expiry Date: _____

Total (total of all lines) = \$ _____

Please make all cheques / money orders payable to the DELTA AGRICULTURAL SOCIETY.

E-Transfer of funds is available by emailing info@deltafair.com / Password is deltaxfair1830 **New!**

Continued on Reverse



Hold Harmless Agreement

I, The Concessionaire, shall indemnify and HOLD HARMLESS the Delta Agricultural Society, their members, agents and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings by any third parties that may arise out of, or may attribute to all operations performed by or carried out by the Concessionaire, his/her agents, employees or servants, or for whose acts he/she may be held liable howsoever caused.

The undersigned hereby agrees to accept and abide by the Hold Harmless Agreement, all Terms and Conditions and the decisions of the Concessions Committee of the Delta Agricultural Society.

Concessionaires must carry a minimum of \$1 million (\$1,000,000.00) liability and loss of property insurance. A photocopy of the policy must be submitted with the Concession Application Form.

Name: _____
Please Print

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____

Payment Enclosed: () Yes () No

Payment Method: _____

Receipt Issued: () Yes () No

Proof of Insurance Enclosed: () Yes () No

Date Application Copied: _____

