



# Delta Agricultural Society

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



## Concession Application Form

Deadline: July 10<sup>th</sup>, 2021

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](mailto: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: \_\_\_\_\_

