

VENDOR APPLICATION

Cranberry Day
Saturday, October 4th, 2025
Cranberry Trail, Callander
10am-3pm

CONTACT	INFORMATION			
BUSINES	S NAME:			
NAME OF	CONTACT:			
MAILING A	ADDRESS:			
CITY:	POSTAL CODE / ZIP CODE:			
PHONE N	O: E-MAIL:			
WEBSITE:				
VENDOR CATEGORY (Vendor fees as per By-law). (Internal note: ADMIN Misc. Cranberry Booth Rental). (<i>Please check the category that applies to you</i>)				
	Handmade Products/Artisan Vendor (\$30 + HST) (10 x 10 tent/space)			
	Snack and/or Refreshment Vehicle (\$30 + HST) (10 x 10 tent/space)			
	Community Group (Free) (10 x 10 tent/space)			

Vendors are accepted on a first come first basis. (Limited Space)
Vendors are permitted to begin set up at 8:30am at the Cranberry Trail Turn – Around.
All vehicles must follow marked path and MUST be removed by 9:30am

INSURANCE (Internal note: ADMIN Misc. Liability Insurance).

Insurance will be covered by the Municipality of Callander. You will be contacted if special insurance is required.

PAYMENT AND TERMS

BUSINESS DESCRIPTION

- Full payment must be received with registration.
- Cash, cheque or debit payments will be accepted at the Callander Municipal Office 280 Main St N. Callander between 8:30 am 4:30 pm Monday Friday (Excluding Statutory Holidays).
- The Municipality of Callander is not liable for damages to displays.
- Vendors are responsible for any tables, chairs and coverage from the weather they may need.
- Booth cancellations will not be refunded.
- A vendor layout map for the Cranberry Trail Parking Area will be sent to you before the event.

Please indicate the nature of your business and any other relevant information we should have:

PRODUCT DESCRIPTION			.
Please provide a list of the kindorovide photographs.	d of products you v	vish to sell and the prices. Feel	free to
PRODUCT	PRICE	DESCRIPTION	

HEALTH UNIT APPROVAL

ALL VENDORS SELLING FOOD ITEMS MUST PRESENT A HEALTH UNIT APPROVAL BEFORE THE EVENT. Please contact the North Bay Parry Sound District Health Unit at 705-474-1400. An application form is available on the Health Unit's website. The letter/approved Health Unit form must be displayed within your unit during the event. Failure to do so will result in the removal of your unit.

GARBAGE

We ask all vendors to assist with keeping their booth space and surrounding area as clean as possible. We encourage vendors to minimize packaging that generate waste. Please discard garbage in available bins.

CONTACT	
Events Committee: events@callander.ca	
Your name (please print)	Signature
Date	

Please retain a copy of this application for your records.