

## **Concessionaire Checklist**

Please read entire the entire contract carefully and use this checklist to ensure you don't miss anything Complete name, address, postal code, phone and e-mail List complete product line (add additional sheet if necessary) ☐ Choose space size ☐ Calculate cost - make sure vou have added 13% HST ☐ Submit payment – cheque, bank draft, or money order payable to 'Caledonia Agricultural Society' DO NOT MAIL CASH ☐ Please note set-up and tear-down times ☐ Please note show times ☐ Sign contract (as lessee). The contract is not valid without a signature Attach copy of insurance certificate with application (\$2 million minimum) ☐ The Caledonia Agricultural Society must be named as additional insured **FOOD VENDORS:** ☐ Please ensure you have also filled out the *Haldimand Norfolk Health Unit Food Provider Application* for approval. IMPORTANT: The Health Unit has stated that they will strict on the enforcement of the 30-day rule. If you do not submit in time, you may not get approval. There will be no refunds to concessionaires who are not approved

by the health unit.