

AFROFEST

OTTAWA



Vendor Application Form

APPLICANT INFORMATION

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone: _____ Email _____

BOOTH INFORMATION

Booth Description (describe your booth in a few words)	
Number of staff (Food max 10 staff / Merchandise max 5 staff)	
Items sold at your booth (Maximum 4 items)	

Electrical equipment (Please add the amount of amps required for each item of equipment)	

PRICING

Booth	Prices
10x20 Food booth	\$1000
10x10 Merchandise booth	\$350
10x10 Not for Profit Organization booth	\$200
Food truck	\$1250

¹ All booths include the indicated booth space, HST and one 15-amp electrical outlet.

² All vendors MUST purchase additional amps if their equipment requires more than the provided electricity.

PAYMENT

FULL PAYMENT IS MANDATORY WITH APPLICATION FORM AND MUST BE SENT AS SOON AS POSSIBLE (deadline - August 23rd 2024)

Form of payment MUST be by Interact eTransfer to afrialivecanada@gmail.com or cheque payable to Africa Live Canada.

AGREEMENT

The applicant agrees to abide by the conditions and rules and regulations as set out in the 2024 Ottawa's Afrofest Guidelines and regulations document and agrees to absolve Africa Live Canada from any claims, damages, or liabilities in violation of these terms. The applicant also agrees to abide by all Municipal, Provincial, or Federal laws and regulations in effect for the duration of the Ottawa's Afrofest.

Full Name (printed): _____

Signature: _____

CHECKLIST

Please ensure that you collect all the required information and documents to submit along with the completed application form and full payment. An incomplete application or an application sent without payment will not be processed. Your application should include the following:

- Completed Vendor Application Form
- Signed 2024 Afrofest Ottawa Guidelines and Regulations
- Full payment of vendor fee including (paid by eTransfer or certified cheque only)
- Exhibitor/Vendor insurance
- If not, I will not be taking an exhibitor/vendor insurance and I accept full responsibility for any accidents/incidents that may occur at or with my vendor booth.

Signature: _____ Initials: _____ Date: _____

- Completed application form for Food Service at a Special Event (FOOD VENDORS ONLY)
(<https://forms.ottawapublichealth.ca/Special-Event-Application-for-Food-Vendors>)

- A copy of your Certified Food Handler Training certificate (For more information, visit :
<https://www.ottawapublichealth.ca/en/professionals-and-partners/certified-food-handler-training.aspx>)