



2017 PORT DALHOUSIE CHRISTMAS MARKET  
**Food Vendor Application Form**

CONTACT: ANNE KALAGIAN | (905) 931-0874 | [SELL@PDCHRISTMASMARKET.CA](mailto:SELL@PDCHRISTMASMARKET.CA)

**NAME OF BUSINESS:**

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**CONTACT NAME:**

**ADDRESS:**

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**CITY**

**POSTAL CODE:**

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**PHONE:**

**EMAIL:**

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**WEBSITE:**

**SOCIAL MEDIA:**

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**MENU ITEMS / PRICES** – Proposed menu with prices. Provide a separate sheet if necessary

| MENU ITEM | PRICE |
|-----------|-------|
|           |       |
|           |       |
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|           |       |
|           |       |
|           |       |
|           |       |

**ELECTRICAL REQUIREMENTS** – Please list the electrical equipment you need to operate your food truck / booth

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**OTHER REQUIRMENTS**

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**SIZE OF FOOD TRUCK / BOOTH**

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**FOOD VENDOR FEES:**

DECEMBER 15 - 17  
**\$350 + HST**

**VENDOR'S SIGNED AGREEMENT**

*I fully understand that this application and the attached Vendor Guidelines shall become a binding contract if I am selected to participate and I agree to abide by and conform to the content and conditions as set for herein.*

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**VENDOR'S SIGNATURE**

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**DATE**

Please return the signed and completed application form with your support material to:

Port Dalhousie Christmas Market  
28 Lakeport Rd.  
St. Catharines, ON  
L2N 4P5

OR

[sell@pdchristmasmarket.ca](mailto:sell@pdchristmasmarket.ca)

*thank you!*