

PROSPECTIVE VENDORS

APPLICATION FORM

**We are delighted to consider you as a vendor at Esquimalt Ribfest, 2025**

**to be held September 5-7, 2024.**

**Please complete the information below, ATTACH YOUR FEES ALONG WITH A SELF-ADDRESSED STAMPED ENVELOPE & SUBMIT TO:**

**Esquimalt Ribfest, C/O 200 Maddock Ave W, Victoria B.C. V9A 1G6**

**By deadline of May 24, 2025**

Please make cheque payable to the ***Esquimalt Firefighters Charitable Foundation.* Fee is $200 per 10’ X10’ (frontage) or portion of.** ($30.00 charge for NSF cheques) *Do not send cash in the mail*.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Vendor: \_\_\_\_\_ Food \_\_\_\_ Craft (NO resellers, crafts must be made by seller)

Describe your product:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Space required: \_\_\_\_\_ 10’ X 10’ : \_\_\_\_\_ 20’ X 10’ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other (define)

*First number indicates frontage. Please include any trailer hitch etc. in length.*

**I CONFIRM I HAVE READ &**

**UNDERSTAND THE VENDOR INFORMATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature