

Vendor/Organization Application for Town of Canandaigua Events

Adopted 3/17/25 (Resolution No. 2025-071)

Applicant Information

Business/Organization Name: _____

Mailing Address: _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____ **Website/Social Media:** _____

Event Participation Details

Event Name(s) and Date(s): _____

Event Season (Check all that apply):

☐ Winter (January – March) ☐ Spring (April – June) ☐ Summer (July – August) ☐ Fall (September – December)

Type of Participation (Select one):

☐ Vendor (Selling merchandise or promoting a service) ☐ Organization (Promoting a service or cause) ☐ Sponsor

Description of Products/Services/Activity:

Selection Criteria

Please provide details on the following to assist in the selection process:

1. **Type of Activity or Display:** (Must align with the event's purpose, theme, and family-friendly atmosphere)

2. **Type of Product (if applicable):**

3. Previous Experience at Town Events:

- Have you previously participated in Town of Canandaigua events? ☐ Yes ☐ No
- If yes, please provide event names and dates:

4. Regional Consideration - Location of Business/Organization:

☐ Town of Canandaigua ☐ City of Canandaigua ☐ Other (Specify): _____

Requirements and Acknowledgments

- ☐ I acknowledge that I have read and understood the Vendor & Organization Selection and Attendance Policy for participation in Town of Canandaigua events.
- ☐ I agree to abide by all rules, regulations, and responsibilities as outlined in the policy.
- ☐ I understand that payment (if applicable) must be received by the deadline to secure participation.
- ☐ I confirm that I have the necessary insurance coverage required by New York State law.
- ☐ I agree to comply with all health and safety laws, including public health guidelines.
- ☐ I understand that non-compliance with the policy can result in immediate removal from the event.

Attachments (if applicable)

- Proof of Insurance
- Any required permits or licenses

Signature

I hereby certify that all information provided in this application is accurate and truthful. I agree to comply with all terms and conditions set forth by the Town of Canandaigua for event participation.

Signature: _____

Date: _____

Submission

- Submit completed applications to the Town Clerk's Office in person or online at www.townofcanandaigua.org.
- Late applications may not be considered.
- All decisions are subject to review by the Town.

For Office Use Only:

Application Received: _____

Approved/Denied: _____

Notification Sent: _____

Payment Received: _____

Assigned Space: _____