

Permit #

THE CORPORATION OF THE CITY OF LONDON
COMMUNITY SERVICES DEPARTMENT, PARKS AND RECREATION
2019 CRAFT VENDOR TRAILOR PERMIT APPLICATION FORM
Questions, please call 661.2500 x5230



THE REGISTRATION FORM BELOW AND PAYMENT CAN BE SENT BY:
Mail: City of London, Parks & Recreation (Attn: Lina D'Oria)
355 Wellington, P.O. Box 5045 London, ON N6A 4L6
In Person Visit: 355 Wellington St., Suite 248, 2nd Floor (South Wing)

Email: ldoria@london.ca
Fax: 519.661.5793

Questions: Please call 519.661.2500 x5230

Today's Date _____

Name of Vendor: _____

Business Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Registration Fee: One craft parking permit per vendor spot may be purchased for the City of London for craft vendor stock trailers only. **Trailer** (a vehicle without motive power, designed for the carriage of cargo and to be towed by a motor vehicle, not to be utilized as sleeping or housing quarters) may only be parked **parallel** behind the tent.

Craft Vendor: To be eligible to purchase a craft parking permit, the craft vendor must be registered/designated as a craft vendor by the event organizer and not a food vendor that is eligible for vendor parking.

Please check one of the following:

1-3 Days (Under 10 ft.) - \$59.00/event	<input type="checkbox"/>
1-3 Days (Over 10 ft.) - \$117.50/event	<input type="checkbox"/>
4+ Days (Under 10 ft.) - \$69.50/event	<input type="checkbox"/>
4+ Days (Over 10 ft.) - \$133.50/event	<input type="checkbox"/>

Name of special event at which you will be operating:

Rib Fest <input type="checkbox"/>	Rock the Park <input type="checkbox"/>	Other <input type="checkbox"/>
Home County <input type="checkbox"/>	Sunfest <input type="checkbox"/>	Kids Expo <input type="checkbox"/>
Food Festival <input type="checkbox"/>	Other <input type="checkbox"/>	Other:

PAYMENT (no post-dated cheques; NSF fee will apply) Cash VISA MC AMEX Cheque
Cheques payable to City of London Parks & Recreation, P.O. Box 5045, London, ON N6A 4L6, Attn: Lina D'Oria

Credit Card Number: _____ Expiry Date: _____

Cardholder Name (please print) _____ Total Fee \$ _____