TOWN OF CALEDON

VENDOR LISTING FORM

FACILITY RENTAL VENDOR INSURANCE

A. EVENT INFORMATION

EVENT NAME | ORGANIZATION NAME		RENTAL #	ATTENDANCE
CONTRACT HOLDER NAME	PHONE NUMBER	E-MAIL ADDRESS	
LOCATION	EVENT DATE (s)	LIABILITY INSURANCE POLICY # *(if applicable)*	
SPECIAL OCCASION PERMIT # *(if applicable)*	EVENT START TIME	EVENT END TIME	

I will be providing my own Certificate of Insurance ☐ I will be purchasing Event Insurance through the Town of Caledon ☐

B. VENDOR LISTING

COMPANY / ORGANIZATION NAME	CONTACT NAME	CONTACT PHONE NO.	E-MAIL ADDRESS OR WEBSITE	GOODS OR SERVICES PROVIDED
i.e. Limelight Lemonade	*Jane Smith*	*905.555.5555*	*Limelightlemonade.ca*	*Beverages*

If more space is required, please submit additional forms

Print Name – Contract Holder _____ *Signature – Contract Holder* _____ *Date* _____

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____

Signature of Town of Caledon Representative

The personal information on this form is collected under the authority of the Municipal Act, SO 2001, c.25, and will be used for Facility Rental purposes. Questions about the collection of personal information should be directed to the Municipal Freedom of Information Coordinator at 905-584-2272.

SUBMIT