



Day Vendor Application

PLEASE READ FULLY BEFORE SUBMITTING

Date Chosen _____

INFO ABOUT HOW IT WORKS

Ice Aged Treats Artisan Market (366 First St Unit B, Midland) provides a space for small businesses at our retail setting at the Yonge St/First Street location to showcase their talents and sell their products.

This document is a legal binding contract between you and Ice Aged Treats and you are adhering to Ice Aged Treats' terms and conditions.

RENT

- \$50 flat fee
- *Payments are non-refundable*

YOUR COMMITMENT TO ICE AGED TREATS

- You are responsible for providing your own insurance for the day.
- You must commit to being there from open to close (10am-5pm)

OUR COMMITMENT TO YOU

- You will be featured on our socials before & on your day.

We genuinely care about you and your small business. We are committed to the safety of your products, however Ice Aged Treats or Members of the team will not be held responsible for any damage or theft that occurs while your products are in our location.

GENERAL INFORMATION

Ice Aged Treats has content and liability insurance. Ice Aged Treats does not assume responsibility nor liability in the event of fire, theft, breakage, or any other damage to your merchandise or property.

You are responsible for obtaining the applicable business liability insurance and certifications applicable to your business and the products you sell. All property loss and/or damage and/or theft and/or liability as it relates to your products are the sole responsibility of you and it is your sole responsibility to obtain and be in possession of your own content and liability insurance policies.

Just as you are entering into a partnership agreement with us, we have entered into a partnership with the Owner of the building. We have certain rules and regulations we need to follow to maintain a good relationship with the building and you will be expected to follow these rules and regulations.

If you sell food of any kind (for humans or pets), you will need to provide proof you are inspected by the Health Unit & everything must be prepackaged & dated (best before date or date packaged) before coming to the store.

Business Name _____

Full Name _____

Email _____

Phone Number _____

I have read and fully understand the terms, conditions and policies contained within each section of this application and agree to abide by them should I be accepted as an Artisan in Ice Aged Treats. - Circle your choice.

YES NO

I understand that this document only becomes legally binding if I am accepted as an Artisan in Ice Aged Treats and I have made my payment in full. - Circle your choice.

YES NO

I am at least 18 years of age. - Circle your choice.

YES NO

Signature Date