



Promote, beautify and enhance the village of Baysville

Baysville Walkabout - July 26, 2025 Vendor Application

(fillable PDF)

VENDOR NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL _____

WEBSITE OR FACEBOOK PAGE _____

NUMBER OF 12' SPACES REQUIRED _____ SPACES X \$75.00 _____

DESCRIPTION OF ITEMS SOLD _____

OTHER COMMENTS/REQUESTS _____

PLEASE INITIAL THE FOLLOWING:

- I have read the walkabout regulations.
- I have enclosed a cheque made out to Baysville Community Group.
- I have sent e transfer to baysvillecommunitygroup@gmail.com
- I have enclosed certificate of insurance if high risk vendor.
- I have contacted Laura Vaisanen at the Township of Lake of Bays at 705-635-2272 ext 1250 or lvaisanen@lakeogays.on.ca if insurance is required for high risk.
- I am a food vendor and I have contacted Simcoe Muskoka Health Department for a permit.

Signature: _____ Date: _____

Please send your completed application, proof of insurance and payment to:

Mail

Baysville Walkabout
% Lorie Edwards
1029 Langford Road
Baysville, ON
POB 1A0

Electronic Submission

Application sent to: lorieedwards1960@gmail.com
E-transfer of fee to: baysvillecommunitygroup@gmail.com