

2025 Bolivar Pioneer Oil Days Vendor Permit

Vendor permit chairpersons: Forest Shaner fcshaner@aol.com

Mail all forms to: Pioneer Oil Days / Bolivar Lions Club

P.O. Box 402

Bolivar, NY 14715

Attention: Vendor Committee

All proceeds will support the **Bolivar Lions Club**

Organization/Group Name: _____

Address _____

Contact Person: _____ Phone Number: _____

Address: (if different than above) _____

E-mail address (We are trying to use the internet more this year, so this will be very helpful.) _____

Vendors will need to provide their own canopy, table(s), etc. (All locations are outside, and we provide no security.)

Describe what you plan to do/or sell during Pioneer Oil Days. Please list specific items. Be advised there is a possibility that someone else might be selling similar products or services as we do not limit vendors or products. _____

Desired Location _____

(If you have previously set up and liked your spot just put same as last year's location and get your application in early, we cannot guarantee you will receive the same location). All locations will be assigned at our discretion, we cannot assign a location until application and fees are received. Any questions please contact vendor chairperson(s).

Space size (up to 12' x 12') \$45.00 _____ Larger than 12'x12' \$75.00+ _____ Food Vendor \$100 _____

Electric needed? _____ (limited-food vendors have preference) **There may be an additional charge for electricity.**

Please make checks payable to: **Bolivar Lions Club (POD)**

Day and Time:

I would like to set up: Thursday(26th) _____, Friday(27th) _____ Saturday(28th) _____

If you are setting up before Saturday, please contact us to make sure your location is available.

****Food vendors will need a permit from the Allegany County Department of Health (585) 268-9250****

Deadline: May 31, 2025 (\$10.00 late fee will be added if received after June 1st)

If you need to cancel please notify the chairperson prior to June 10, 2019, 50% of your vendor's fee will be returned.

After June 10th no refund will be given unless there is a proven medical / family emergency.

I understand that I will be responsible for all clean up of the site for the purposes I have stated above.

Signature Date

Date permit application received: _____ Fee Paid: \$ _____

Method of Payment: _____ Space Assigned: _____

Comments: _____

Signature of Vendor Chairperson: _____