



Saturday, October 21<sup>st</sup>

4:00pm - 10:00pm

Mylander Pavillion at Jackson Street Pier, Downtown Sandusky

## Vendor Guidelines

1. The purpose of Sandusky Witches' Walk is to raise funds for projects and programs that positively impact the youth and seniors of our community.
2. Setup time will be 3:00 pm. If you need more time, please reach out to us. A vendor's license must be present at the time of setup and during the event.
3. Sandusky Witches' Walk will not supply tables, chairs, or tents.
4. This is a rain or shine event. No refunds will be issued due to cancellations by the contracted vendors. Please bring the appropriate equipment to protect your space from the elements. The applicant assumes full responsibility for space and contents. Tents MUST be weighted at all times. A minimum of 40 lbs. per leg is mandatory.
5. All vendors selling food must contact: Erie County Health Department (419-626-5623) and obtain required permits. Sandusky Witches' Walk is not responsible for any food vendor's failure to comply with health regulations.
6. Due to electricity limitations, all vendors requiring power will need to be able to operate on 110 V or have a generator.

# Sandusky Witches' Walk Vendor Application

Form must be received by September 15<sup>th</sup>.

Limited space available! Vendors selected on a first come/first served basis and according to the theme of goods.

(PLEASE PRINT)

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE DESCRIBE THE ITEMS OR FOOD TO BE SOLD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOOTH SPACE AND FEES:

QTY: \_\_\_\_\_ @ \$50.00 for each 10X10 space      TOTAL \$ \_\_\_\_\_

AGREEMENT AND WAIVER

I understand that the final selection of retail and food vendors will be made by Sandusky Witches' Walk, and I agree to abide by that decision. I agree to indemnify and hold harmless Sandusky Witches' Walk and all other sponsors or co-sponsors of the event, their employees, and agents from all claims of loss or damages which may result from use of any provided utilities. I understand that event organizers cannot guarantee the financial success of my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Make checks payable to:**

Sandusky Witches' Walk  
C/O Family Health Services  
Attn: Cora Higgins  
1912 Hayes Ave.  
Sandusky, Ohio 44870

