



PARKS AND  
COMMUNITY  
SERVICES

# VENDOR APPLICATION

CITY OF MERCED

PARKS & RECREATION

## 2023 HALLOWEEN EVENT

Saturday, October 21 – Street Bash

Applications may be mailed to or dropped off at the Parks & Recreation Office – 632 W. 18th Street, Merced. Email completed applications to [KindavongL@cityofmerced.org](mailto:KindavongL@cityofmerced.org). Call (209) 385-6235 for more information.

**PLEASE RETURN APPLICATION BY OCTOBER 6, 2023 .**

ORGANIZATION OR INDIVIDUAL NAME: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### ENTRY TYPE

FLOAT       DANCERS       VEHICLE       SCHOOL BAND       OTHER \_\_\_\_\_

Brief description of vendor/entry (include size/ qty. & type of vehicle): \_\_\_\_\_

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

**\*Vendor must provide candy, prizes or Knick knacks to all attendees\***

**\*Power will not be supplied. Please have portable power for any electric decor. We do recommend LED battery operated lights.**

**\*Food Vendors: Must submit a Community Food Event Vendor Application and must have a Food Permit to operate. Application must be turned in no later than 10/2/2023. Please call for more information.**

**VOLUNTARY ASSUMPTION OF RISK:** I hereby acknowledge that I have voluntarily registered to participate in the City of Merced Parks & Recreation Halloween Street Bash Event. The business or organization I represent, including myself, shall hold harmless the City of Merced and other sponsoring organizations, its officers, agents, employees and volunteers from any and all claims or causes of action for injury or death to persons or damage to property resulting from intentional or negligent acts, errors, or omissions during the event.

I certify, to the best of my knowledge, that I am not experiencing symptoms, and/or have not been exposed to COVID-19.

*Parent/Guardian consent required for participants under 18 years old.*

The undersigned further represents that he/she is authorized to execute this application and indemnity on behalf of the business or organization listed.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_