



# Witches Night Out 2022 Application

## \$25 Vendor Fee

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Location (if different from above):

Products to be sold:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***I agree to abide by the rules and regulations of Senatobia Main Street. I understand that any violations of the rules and regulations will result in dismissal from future events. I understand that I am responsible for paying my own taxes to the MS Department of Revenue.***

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

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