



# VENDOR REGISTRATION

Email Application to [Abeer@EyeCandyFamily.com](mailto:Abeer@EyeCandyFamily.com)

# 4.19.25

BUSINESS NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

SALES TAX ID # \_\_\_\_\_ WEBSITE \_\_\_\_\_

DESCRIPTION OF PRODUCTS SELLING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ITEM DESCRIPTION AND VALUE OF WHAT YOU WILL BE DONATING \_\_\_\_\_

**Date:** Saturday, April 19, 2025

**Time:** 11:00 AM - 3:00 PM

**Setup/ Teardown:** Setup begins at 9:00 AM. Vendors must be fully set up by 10:45 AM. Teardown no earlier than 3:00 PM.

**Location:** Search Dental, 17 Waterford Drive, Mechanicsburg, PA

**Vendor Information & Requirements**

§Vendors must provide their table and canopy (if desired). This is an outdoor, rain-or-shine event. No refunds will be issued for cancellations or inclement weather.  
§Vendors are required to donate an item for our raffle, which will support a selected nonprofit organization.

**Vendor Space Fee: \$55** (Full payment is required to secure your vendor space.)

Payable to Events by Eye Candy and mailed to: P.O. Box 442, Mechanicsburg, PA 17055 (credit cards accepted with a 3% processing fee.)

**Exhibit Space & Responsibility**

§Vendors must keep their area clean and attended at all times.  
§Vendors are responsible for the maintenance and security of their exhibit space.

§The event organizers, venue, Events by Eye Candy, LLC, The Eye Candy Family, LLC, and their employees/representatives are not liable for any injury, loss, or damage to vendor property, personnel, or merchandise before, during, or after the event.

§Vendors assume full responsibility and agree to indemnify the event organizers, venue, and all related parties against any claims arising from participation in this event.

§Vendors selling goods must display a photocopy of their Pennsylvania sales tax license at their booth.

§Vendors are responsible for collecting and reporting the 6% Pennsylvania retail sales tax.

**By submitting this application, you acknowledge that you have read and agree to all terms and conditions outlined above.**

PRINT NAME \_\_\_\_\_

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