



THURSDAY AUGUST 13, 4pm - 10pm
FRIDAY AUGUST 14, 4pm - 10pm
SATURDAY AUGUST 15, Noon - 10:30pm

APPLICATION FOR 2026 ARTS/CRAFTS VENDOR

STEP ONE: Complete ALL of the following information:

NEW VENDOR RETURNING VENDOR

BUSINESS NAME: _____

NAME OF OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT # DURING EVENT: _____

TAX ID# _____

SOCIAL MEDIA PAGE NAME and/or WEBSITE: _____

WHAT IS YOUR MAIN VENDOR CATEGORY? ___Jewelry ___Paintings ___Bath/Body
___Fiber Arts/Wearables ___Consumables ___Pottery/Ceramics ___Photography
___Drawings/Graphics/Prints ___Wood ___Other (_____)

WHAT ARE YOUR PRODUCTS? *(Note that the vendor committee is prioritizing handcrafted items especially those with a festive theme like USA, Italy, lake, community/family)* _____

STEP TWO: Acknowledge the following statement about electricity:

IF YOU NEED POWER, PLEASE BRING YOUR OWN GENERATOR OR PORTABLE POWER STATION(S) (ie: solar, battery, etc).

By checking this box, I acknowledge the statement in Step Two.

STEP THREE: Choose your vendor setup (select one):

10' x 10' Space, \$100

10' x 20' Space, \$200

STEP FOUR: Sign this application and Indemnification Agreement, below.

Read and acknowledge the below Insurance Requirements, for your COI.

STEP FIVE: To submit your application and hold your space, you are required to submit ALL the following BY MAIL.

(be sure to mail everything together; we will NOT accept incomplete applications)

- This signed application
- The signed Indemnification Agreement.
- Your payment IN FULL, by check.
Check is payable to: **Schuyler County Italian American Festival**
- Your Certificate of Insurance

**MAIL TO: Schuyler County Italian American Festival
Attn: Vendor Committee
PO Box 65, Watkins Glen, NY 14891**

STEP SIX: You will be notified once your application has been reviewed and confirmed. You'll receive instructions for setup and teardown as we get closer to the festival.

PLEASE SIGN AND DATE THIS APPLICATION:

Signature: _____

Date: _____ / _____ /2026

INSURANCE REQUIREMENTS

Vendor shall maintain and provide evidence of Commercial General Liability insurance including products/completed operations on an occurrence basis with a limit of not less than \$1,000,000. Policy shall be endorsed to name the Village of Watkins Glen, its officers, elected officials, volunteers, and employees and the Schuyler County Italian American Festival Inc. as Additional Insured on a primary and non-contributory basis. Policy shall also be endorsed to include Waiver of Subrogation in favor of the Village of Watkins Glen and the Schuyler County Italian American Festival Inc. Coverage dates must include the date you arrive to set up through the date your concession is removed from Clute Park. Please include copies of the Additional Insured Endorsement and Waiver of Subrogation Endorsement with certificates of insurance evidencing coverage.

CHECK TO ACKNOWLEDGE YOU'VE READ THE INSURANCE REQUIREMENTS.

NEXT PAGE IS THE IDEMNIFICATION AGREEMENT.

Indemnification Agreement & Hold Harmless Agreement:

To the fullest extent permitted by law, the vendor shall indemnify and hold harmless The Village of Watkins Glen, its officers, elected officials, volunteers, and employees and the Schuyler County Italian American Festival Inc. from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the performance or participation of the vendor provided that any such claims, damages, losses or expense (1) are attributed to bodily injury, sickness, disease or death or destruction of tangible property including the loss of use resulting therefore, and (2) are caused in whole or in part by any negligent act or omission of the vendor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist to any party or person described in this paragraph.

BUSINESS NAME: _____

NAME OF OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature: _____

Date: _____ / _____ /2026