



**Business Participation Form  
11th Annual Wine & Chocolate Walk  
Sunday, May 19, 2019~ 12 pm - 5pm**

**(Please remember you need to be open the entire time of the event. All groups/businesses need to fill out a form to participate in this event. Please do not have a group/business set up on the sidewalk as they will be asked to leave if they have not filled out the proper paperwork.)**

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

Business Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ I will be participating in the Wine & Chocolate Walk and agree to the following:

- ❖ I will give away a sample of wine or chocolate (not just a Hershey Kiss or a piece of Dove Chocolate) to all **400** participants. Be creative as people will remember you with what you give away;
- ❖ I will donate a basket/prize to a participant that goes to all the businesses that are participating. (The names will be drawn, for each business, by M.S.A. after the event and M.S.A. will contact you with your winner.);
- ❖ I will have my gift basket/prize (valued at \$25 or more) on display the day of the event;
- ❖ If I am located inside the Main Street building I will set up on Saturday between 9:30 am and 11:30 am **(this is required)**;
- ❖ I will clean up my area inside the Main Street building and throw all trash away outside on the back porch;
- ❖ I will receive one 6ft table for my business (this table is for you and your business only); and
- ❖ What type of chocolate will you be serving – be specific (please do not turn in form until type of chocolate is determined (please do not just give away a Hershey Kiss as these are your potential customers

**or**

- ❖ What type of wine will you be serving \_\_\_\_\_

\_\_\_\_\_ I will need a table in the Main Street Building/Northshore Healthcare: (limited space)

**NO ALCOHOL CAN BE SERVED INSIDE M.S.A. THANK YOU**

\_\_\_\_\_ I will be located in another business \_\_\_\_\_

(location)

Circle One: Member

Non-Member \$75 fee (fee may be used towards a membership to M.S.A.)

**Deadline to sign-up is Friday, April 26, 2019**

Return form to the Main Street Office by: dropping it off (if office is closed please put in the mail slot on the front door), mail it to 255 Park Avenue, Amherst, OH 44001 or you may fax it to (440) 984-2119 (no cover sheet is required).

**WCW Committee will review all applications and will acknowledge acceptance or rejection in a timely manner.**

**FOR MAIN STREET AMHERST USE ONLY. DO NOT WRITE IN THIS SPACE.**

Application Reviewed On: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Application has been:  Accepted  Rejected  Vendor Notified \_\_\_\_\_ (date)

Payment Made \_\_\_\_\_ (date)  Check# \_\_\_\_\_  Credit Card  Cash (in person only)