

*Sign and return this application form-*

**Concession Application for Craft Space at the  
Annual Ashtabula Covered Bridge Festival  
October 10-11, 2026**

This agreement between the Ashtabula Covered Bridge Festival Committee (lessor) and the undersigned Concession operator (lessee) is for the operation of a concession at the Ashtabula County Covered Bridge Festival. The following shall apply:

1. ) The lessor, Ashtabula Covered Bridge Festival Committee, shall not be responsible for any injury or loss that may occur to the lessee or his/her goods for any cause whatsoever, while said premises are being occupied by the lessee under this agreement.
2. ) The Festival Committee will provide the space. The Committee **WILL NOT PROVIDE TABLES, CHAIRS OR OTHER EQUIPMENT**. Please note that there will be no inside spaces.
3. ) Set-Up: On Friday October 9<sup>th</sup> from noon to 6 pm, or Saturday morning from 7-9 am. On both days all booths must be set up by 9:30 am and shall be ready to operate by 9:30 am with vehicles moved to vendor parking areas.
4. ) Hours: Saturday and Sunday 10:00 am. - 5:00 pm

Booths should be open all hours designated and we request that tear down not occur before 5:00 pm. on Sunday October 11<sup>th</sup>. THOSE THAT TEAR DOWN EARLY WILL NOT BE INVITED BACK THE FOLLOWING YEAR

5. ) Crafters - No Flea Market items will be allowed for sale and no subletting.

**All Vendors must keep their site clean and neat in appearance at all times.**

6. ) Any vendor in violation of the guidelines will be immediately ejected from the Festival. Such ejection is irrevocable and not subject to appeal.
7. ) **All Applications must be received with payment by Oct 2, 2026.**  
Applicants received after Sept 1<sup>st</sup> will not be listed in the tab.
8. ) There will be **NO REFUNDS** for any reason.

**2025 Ashtabula County Covered Bridge Festival Vendor Application**

**Please fill out the type of space needed  
Outside spaces are 10' x 10'**

## CRAFTS -

Outside Space \$50.00 per space \_\_\_\_ Number of Spaces \_\_\_\_\_ Total Amount

**PLEASE PRINT INFORMATION**

## ORGANIZATION

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## CONTACT PERSON

## ADDRESS

CITY STATE ZIP CODE

PHONE [1800 555 1234](tel:18005551234) EMAIL [info@sample.com](mailto:info@sample.com)

## ITEMS TO BE SOLD

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**I have read and agree to the above terms and conditions:**

**(Print Name)** \_\_\_\_\_

**(Signature)** \_\_\_\_\_

**(Date)** \_\_\_\_\_

Make checks payable and mail to:

**Ashtabula County Covered Bridge Festival  
25 West Jefferson St.  
Jefferson, Ohio 44047**

There will be **NO REFUNDS** for any reason.

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**For Office Use Only — Do Not Write in this Area**

Date Deposit Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \$

Approved by \_\_\_\_\_ Confirmation Date Sent \_\_\_\_\_

**BRIDGE ASSIGNED**

**SPACE NO.**