



NEW CITY CHAMBER STREET FESTIVAL APPLICATION

June 14, 2015 **October 4, 2015**
10 AM - 5 PM (Rain or Shine)

BOOTH SIZES: 10 x 10 single space 10 x 20 double space (double fee for double space)

EXHIBITOR FEES PER SPACE:

- Art/Craft/Business/Food - \$150*
- Chamber Members - \$75*
- Non-Profit(Chamber Members) - \$75*
- Food (cooking) - \$175*
- Non-Profit (Rockland County-based, Non-Chamber member) \$100*
- Walk -up day of show - \$200*
- Previous Exhibitor**

MAKE CHECKS PAYABLE TO: Woodwill Corporation, **MAIL TO:** Woodwill Corporation, PO Box 5186, Hauppauge, NY 11788. PH: 631-234-4183 - Fax: 631-582-6193 - www.woodwill.com - jrwoodwill@aol.com - **GPS** address only – 49 South Main St, New City, NY 10956

Complete the Application, **SIGN** and return with fee and **ENVELOPE**. ***Add \$1.00 if no envelope enclosed.**
(one envelope for EACH show)

EXHIBITOR INFORMATION – Please type or **PRINT CLEARLY**

PRODUCT DESCRIPTION: _____
Please be specific to avoid placement near a potential competitor

Name of Business: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:(_____) _____ Cell: (_____) _____

E-Mail: _____ Web site: _____

NYS TAX ID: _____
Application will not be accepted without NYS Sales Tax Number

- I have included:** Completed application NYS Tax # Check Credit Card info.(on back)
 Photo of work & display **STAMPED SELF ADDRESSED ENVELOPE # 10 (Required for space #)**

I have read, understand and agree to the terms as listed in the Rules for Exhibitors on back of this application.
YOUR SIGNATURE IS REQUIRED BELOW– UNSIGNED CONTRACT WILL NOT BE PROCESSED

Exhibitor Signature & Title _____ **Date** _____

Office Use:
Date: _____ Amt: _____ Acct: _____ Comp: _____ SPACE # _____

New City Street Festival Exhibitor Contract - Rules & Regulations

1. It is the sole responsibility of Food Vendors to obtain the proper permit from the Rockland County Dept. of Health (845) 364-2600 or (845)364-2606. Failure to obtain the permit will result in removal from the fair, without refund.
2. It is the sole responsibility of all exhibitors to collect and pay NYS Sales Tax and each must have a current NYS Sales Tax Number and certificate attached to their application. Contact NYS Dept. of Taxation and Finance at 1-800-225-5928 for a DTF No. 17 if required.
3. Certificates of Insurance for **Food Vendors must be attached to the application** and must evidence Comprehensive General Liability with limits not less than \$1,000,000 per occurrence/\$2,000,000 aggregate, and statutory Workers' Compensation Insurance. The Certificate must name the **The Town of Clarkstown, in the County of Rockland, The New City Chamber of Commerce & Woodwill Corporation and staff as "Additional Insured."**
4. Check-in time begins at 7:00 am. Set-up MUST be completed and vehicles removed NO LATER than 9:30am. Exhibitors arriving late (after 9:00 am) will forfeit their space and will be placed at the discretion of the show management
5. Vehicles must be unloaded and then park your vehicle **before setting up.**
6. Exhibitors must supply their own set-up equipment. Tents will NOT be allowed unless they are weighted on all 4 poles. **No bare tables –all tables must be covered all the way around and to the ground. All cartons must be out of sight.**
7. No exhibitor will be allowed more than 10' from the curb - THIS WILL BE STRICTLY ENFORCED.
8. **Electric is NOT available.** Generators must be approved in advance. No noisy generators will be permitted and turned off.
9. Spaces will be assigned by the date on the application. Returning exhibitors will be given priority until the cut- off date. Food Vendors & Exhibitors must clearly state on the form **EXACTLY** what they are selling.
10. ABSOLUTELY NO hazardous or objectionable items will be permitted. The New City Chamber of Commerce/Woodwill Corporation reserves the right to eliminate any items for sale which are deemed unacceptable or in conflict with street fair guidelines or any exhibitor at their absolute discretion.
11. Merchants or exhibitors are strictly prohibited from sub-leasing or sharing a space. Only the business whose tax ID number/business name will be allowed to operate in that space. Violators will be charged an extra \$150.00
12. Exhibitors are required to list all the products that they sell on their application.
13. Merchants participating in the festival may sell in their booth only items regularly for sale in their shops.
14. **Absolutely NO Refunds. An Exhibitor's inability to appear at the Fair for any reason will not result in a refund. No refunds will be made due to inclement weather, Fairs are Rain or Shine!**
15. Exhibitors must keep their area clean and free from debris. Exhibitors are responsible for their own garbage and must put it in the dumpster or take it with them. Exhibitors who do not comply will be subject to a fine.
16. Tear down begins at 5:00pm, all exhibitors **must have their exhibits broken down and vacated by 6:00pm** to allow clean up by the DPW. **Vehicles will not be permitted on the streets until after 5:00pm or as per the police on site.**
17. If you are applying as a "Non-Profit," you must include paperwork documenting your organization's non-profit status.
18. By signing this agreement, The Exhibitor agrees to indemnify, defend and hold harmless The Town of Clarkstown, in the County of Rockland, The New City Chamber of Commerce , Woodwill Corporation its members, officers, employees, agents and representatives for any personal injuries, property loss or damage suffered by any person as a result of the actions of the exhibitor. New City Chamber of Commerce/Woodwill Corporation, shall not be held liable for failure to perform or fulfill its contractual obligation provided such failure is caused, occasioned or furthered by closures of site locations due to any cause or causes beyond its control, including, but not limited to acts of God, fire, flood, war, public disaster, strikes or labor difficulty, governmental enactment, regulations or ordered or any other cause or causes beyond its control.

CREDIT CARD PAYMENT INFORMATION: \$175 + \$6.15 - \$150 +\$5.25 - \$100 + \$3.50 - \$75 + \$2.65

Total Amount to be charged to your credit card - \$ _____

I hereby authorize these charges to be made to my _____ VISA _____ MASTER CARD **(PLEASE WRITE CLEARLY)**

Card # _____ Exp Date: _____ 3 Digit Security Code: _____

Name on Card: _____ **Add Billing address if different than on application:**

Address: _____ City: _____ St: _____ Zip: _____

Signature: _____ Date: _____

WOODWILL CORPORATION

