

**APPLICATION FOR FRENCH FESTIVAL FOOD VENDORS**

**July 8-9, 2017**

**Vendor- Selling food that is prepared on site. Fee \$250.00  
(NYS Dept. of Health permit will be required.)**

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: (Please print clearly) \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

NYS SALES TAX ID# \_\_\_\_\_ (certificate must be displayed at booth.)

LIST **ALL** MENU ITEMS YOU SELL

DESCRIPTION OF BOOTH ( TRAILER,BOOTH,TENT)

LOCATION FROM LAST YEAR IF KNOWN \_\_\_\_\_

NUMBER OF SPACES REQUIRED (**SPACE SIZE10'X10'**)

**\$250.00 PER SPACE FOR SATURDAY AND SUNDAY**

AMOUNT ENCLOSED \$ \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

I HAVE READ AND AGREE TO COMPLY WITH THE GENERAL INFORMATION AND REQUIREMENTS FOR VENDORS. NO REFUNDS WILL BE GIVEN AFTER JULY 1, 2017.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(RETURN THIS FORM WITH PAYMENT)

PLEASE RETURN WITH CHECK OR MONEY ORDER PAYABLE TO:

FRENCH FESTIVAL COMMITTEE

P.O. BOX 492

CAPE VINCENT, NY 13618