

45TH YEAR - 1 BLOCK - RESERVE SPACE EARLY

ASTORIA ALIVE STREET FAIR

WHEN: SUNDAY, OCTOBER 22ND 2023

NYC DOES NOT ALLOW RAIN DATES

TIME: 10:00 AM to 6 PM

LOCATION: 31ST STREET – DITMARS BOULEVARD TO 21ST AVENUE – ASTORIA, QUEENS

PLEASE PRINT NAME: _____

ADDRESS: _____

CITY OR BOROUGH: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: WORK: _____ HOME: _____

TYPE OF MERCHANDISE (BE SPECIFIC): _____

NEW YORK CITY CONSUMER AFFAIRS LICENSE PERMIT NUMBER: _____

CONSUMER AFFAIR LICENSE START DATE _____ LICENSE EXPIRATION DATE _____

NEW YORK STATE SALES TAX I.D. NUMBER: _____

EARLY REGISTRATION RATE APPLIES TO PAYMENTS RECEIVED BY SEPTEMBER 22ND

EARLY REGISTRATION FEE: General Vendors - \$110 - Food Vendors - \$250 - Corporate Fee - please call

LATE REGISTRATION FEE: General Vendors - \$115 - Food Vendors - \$250 - Corporate Fee - please call

SPOT SIZE: 10' Deep by 10' Feet Long

PLEASE NOTE:

1. PLACEMENT FOR SPACE IS ON FIRST PAY, FIRST SERVE BASIS.
2. **SETUP STARTS AT 9AM.**
3. ALL FEES ARE NOT REFUNDABLE. THERE ARE NO RAIN DATES
4. VENDORS **MUST** PROVIDE A NEW YORK CITY CONSUMER AFFAIRS I.D. NUMBER AND NEW YORK STATE TAX I.D. NUMBER. FOOD VENDORS **MUST** OBTAIN A NYC HEALTH PERMIT.
5. FESTIVAL IS SUBJECT TO MAYORS OFFICE FINAL APPROVAL
6. A SUMMONS ISSUED OR FINE INCURRED TO THE EVENT PRODUCER, OR SPONSOR OF THIS EVENT, RESULTING FROM A VENDORS VIOLATION OF THE LAWS, RULES OR REGULATIONS OF THE CITY OF NY, OR ANY AGENCY THEREOF, WILL BE THE RESPONSIBILITY OF THE VENDOR
7. **FOR ONLINE PAYMENT ONLY** – EMAIL COMPLETED APPLICATION TO info@streetfairsny.com. UPON RECEIPT, A SECURE PAYMENT LINK WILL BE SENT VIA EMAIL
8. **FOR ALL OTHER PAYMENTS** - MAIL APPLICATION WITH MONEY ORDER (**NO PERSONAL CHECKS**) PAYABLE TO:

METEOR FESTIVALS

PO Box 205001

Brooklyn, New York 11220

For information: Call 718-444-6028 or email info@streetfairsny.com

The undersigned Exhibitor/Vendor hereby acknowledges that he/she has read application and accepts all of its terms and conditions.

SIGNATURE _____ PRINT NAME: _____

DATE: _____ EMAIL _____