

# MYRTLE AVENUE FESTIVAL

**WHEN: SUNDAY, JULY 23<sup>RD</sup> 2023**

NYC DOES NOT ALLOW RAIN DATES

**TIME: 10:00 AM to 6 PM**

**LOCATION: MYRTLE AVENUE – FRESH POND ROAD TO FOREST AVENUE – 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 JUNE 23<sup>RD</sup>**

EARLY REGISTRATION FEE: General Vendors - \$115 - Food Vendors - \$300 - Corporate Fee - please call

LATE REGISTRATION FEE: General Vendors - \$125 - Food Vendors - \$325 - 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](mailto:info@streetfairsny.com).  
FOR ALL OTHER PAYMENTS - MAIL APPLICATION WITH MONEY ORDER (**NO PERSONAL CHECKS**) PAYABLE TO:

8.

**METEOR FESTIVALS**

PO Box 205001

Brooklyn, New York 11220

**For information: 718-444-6028 or [info@streetfairsny.com](mailto: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 \_\_\_\_\_