

WWW.STREETFAIRSNY.COM

*** 1 BLOCK - RESERVE SPACE EARLY***

31ST STREET ASTORIA FESTIVAL

WHEN: SUNDAY, JULY 6TH, 2025

NYC DOES NOT ALLOW RAINDATES

TIME: 10:00 AM to 6 PM

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

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ OTHER: _____

TYPE OF MERCHANDISE (BE SPECIFIC): _____

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

EARLY REGISTRATION RATE APPLIES TO PAYMENTS RECEIVED BY JUNE 6TH 2025

FOOD VENDORS ONLY – FOOD SERVICE ESTABLISHMENT PERMIT #: _____

TFSE START DATE _____ TFSE EXPIRATION DATE _____

EARLY REGISTRATION FEE: General Vendors - \$120 - Food Vendors - \$275 - Corporate Fee - please call

LATE REGISTRATION FEE: General Vendors - \$135 - Food Vendors - \$300 - 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 8:30am**
3. ALL FEES ARE NOT REFUNDABLE. THERE ARE NO RAIN DATES
4. ALL VENDORS MUST PROVIDE NEW YORK STATE TAX I.D. NUMBER.
5. ALL VENDORS MUST PROVIDE PROOF OF GENERAL LIABILITY INSURANCE
6. FOOD VENDORS MUST OBTAIN A NYC HEALTH PERMIT AND FOOD LIABILITY INSURANCE
7. FESTIVAL IS SUBJECT TO MAYORS OFFICE FINAL APPROVAL
8. 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
9. **FOR ONLINE PAYMENT ONLY** – EMAIL COMPLETED APPLICATION TO info@streetfairsny.com. UPON RECEIPT, A SECURE PAYMENT LINK WILL BE SENT VIA EMAIL
10. **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 _____ NAME _____

DATE _____ EMAIL _____