

SPONSORED BY THE FLATBUSH DEVELOPMENT CORP

FLATBUSH FROLIC

WHEN: SUNDAY, SEPTEMBER 22ND 2024

NYC DOES NOT ALLOW RAIN DATES

TIME: 10 AM to 6 PM

LOCATION: CORTELYOU ROAD – CONEY ISLAND AVENUE TO OCEAN AVENUE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ OTHER: _____

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 AUGUST 22ND

EARLY REGISTRATION FEE: General Vendors - \$130 - Food Vendors - \$325 - Corporate Fee - please call

LATE REGISTRATION FEE: General Vendors - \$140 - Food Vendors - \$375 - 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. SOUND/MUSIC PLAYED FROM VENDORS BOOTH IS SUBJECT TO THE EVENT SPONSOR & PRODUCERS DISCRETION
8. **FOR ONLINE PAYMENT ONLY** – EMAIL COMPLETED APPLICATION TO info@streetfairsny.com. UPON RECEIPT, A SECURE PAYMENT LINK WILL BE SENT VIA EMAIL
9. **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: 718-444-6028 or 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 _____