



**2016 Summer Schedule**

**THURSDAY Nights**

**5 – 9:30 p.m.**

**July 7, July 21, August 4, August 18**

**Rain Date August 25**

**MAIN STREET Patchogue, NY**

**Food Vendor Application**

**Fee:**

Send in your Application and the listed additionally requested items by: **Friday, June 3, 2016**

Full payment and all additionally requested information due upon Committee approval. **NO PAYMENTS WILL BE PROCESSED UNTIL COMMITTEE APPROVAL OF APPLICATION.**

Limited to **one Truck Trailer or Stand** per Vendor.

**Regular Vendor Price:**

**\$650.00** Non-Chamber Members

**\$500.00** Chamber Members

Priority Placement, **\$150.00 additional**

Priority Placement- guarantees approved Food Vendors of the event a specific location of their choosing with in areas designated food Vendor Locations. Priority Placement **DOES NOT** guarantee application approval.

**PLEASE SEND:**

1. **Completed application.**
2. **Copy of your resale sales tax certificate**
3. **Certificate of Liability Insurance minimum \$1million coverage naming: The Greater Patchogue Chamber of Commerce Inc. & The Greater Patchogue Foundation, 15 North Ocean Ave, Patchogue, NY 11772.**
4. **Copy of your approved annual or temporary DOH Permit (required upon acceptance into festival)**

**MAIL TO:** The Greater Patchogue Chamber of Commerce, Inc.

15 North Ocean Ave, Patchogue, NY 11772

Questions: [info@patchogue.com](mailto:info@patchogue.com) Chamber office 631- 207-1000

Department of Health – Obtain your DOH permit immediately and mail an approved copy to us by **June 20, 2016.**

Application Review process will be begin immediately after June 3<sup>rd</sup>. All vendors, approved or declined, will be contacted with results. Approved vendor payment must be received in full **by: Thursday, June 30, 2016** in order to receive spot #s and event passes.

Vendors are responsible for keeping their area clean. All trash & Boxes are to be taken with you. **No refuse is to be left on the street, on the curb, or in receptacles on the sidewalk. No electric service.** No refunds due to inclement weather or dissatisfaction of spot placement. Price must be posted large enough so customers on line can see prices.

**REGISTRATION & FEES: Limited to one Truck Trailer or Stand per Vendor.**

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**BUSINESS NAME** (Print): \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** (Print) \_\_\_\_\_

**CITY:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Resale Certificate #** \_\_\_\_\_ **\*\*PLEASE ENCLOSE A COPY\*\***

**EXACT FOOD ITEMS SOLD:** (Print, if you don't list it you might not be able to sell it)

\_\_\_\_\_  
**TOTAL LENGTH OF TRUCK** \_\_\_\_\_ (Please be Accurate)

**TOTAL LENGTH OF TRAILER INCLUDING TONGUE!** \_\_\_\_\_ (Please be Accurate)

**NUMBER OF 10'X 10' SPOTS (include length of tongue)** \_\_\_\_\_ **AMT ENCLOSED: \$** \_\_\_\_\_

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Please return this application with All Additionally requested paperwork by **June 3, 2016**. – Balance cutoff due upon acceptance into the event.

Please Enclose your Certificate of Insurance as specified on the information sheet.

\*Suffolk County Department of health Approved permits must be submitted to us by **June 20, 2016**.

**Questions:** [info@patchogue.com](mailto:info@patchogue.com) Chamber office: 631-207-1000

**Set up: 3:30PM to 4:30 PM sharp Failure to arrive for setup during the allotted time may result in your inability to participate in that evenings event. No Refund will be given in this situation.**

**No selling after 9:15 pm.** All vehicles must be off the street by 10:30PM. No Exceptions. If you do not comply, you will be asked not to return and lose the fee already paid!!! No refunds due to inclement weather.

I understand and agree that the Greater Patchogue Chamber of Commerce, Inc. and all volunteers and their legal representatives will not be held liable for any damage to my property and/or person. I understand and agree that I alone am responsible for my property and person at all times at the Alive After Five®. I understand and agree that the Greater Patchogue Chamber of Commerce, Inc. retains the right to prohibit any sale by any vendor at its absolute discretion.

**I have read the attached Food Vendor Information Sheet & agree to comply with all rules & regulations.**

**SIGNATURE:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_