

VILLAGE OF GREENPORT TALL SHIPS 2015 EVENT
Sponsored by the Village of Greenport
and the Business Improvement District
GREENPORT NY 11944
July 4th - 7th 2015

FOOD VENDOR APPLICATION

This application is for Food Vendors whose service is prepared on site, heated or chilled and not pre-packaged in jars or sealed bags.

All packaged artisan food such as granola, jam, honey etc., please complete an artisan application.

NAME: _____
BUSINESS NAME: _____
ADDRESS: _____

PHONE: () _____ - _____ **CELL:** () _____ - _____
EMAIL: _____

Please check one of the following:

Food Truck with dimensions: _____ Tent: _____ Push Cart: _____

Use of generator? Circle one:

YES NO

Circle days of attendance: 7/4 7/5 7/6 7/7
 SAT SUN MON TUES

*Specify # of spaces (10 x 10 foot each) _____

Fee per 10 x 10 foot space: _____ \$375.00 per day or \$1,250 for all 4 days

Fee per 10 x 12 foot and over space: _____ \$500.00 per day or \$1,800 for all 4 days

**If you are a food truck whose space will exceed 10 feet, please make sure you mark the appropriate number of spaces and coordinating fee.*

Please call or email with any questions

(917) 863-9766 - TallShipsVendors@gmail.com

Please mail your payment in the form of bank check, business check or money order to:

**Village of Greenport
236 Third Street
Greenport, NY 11944**

All Food Vendors are responsible for obtaining the necessary permits through the Suffolk County Department of Health. The Suffolk County Department of Health will be on site during the Tall Ships event doing mandatory health inspections and will close any Vendor that does not meet its requirements.

BY INITIALING THE FOLLOWING CHECK LIST YOU AGREE TO THE TERMS & CONDITIONS SET FORTH BY THE VILLAGE OF GREENPORT AND THE VILLAGE OF GREENPORT BUSINESS IMPROVEMENT DISTRICT.

	YES	NO
I have enclosed a copy of my Suffolk County Health Permit	___	___
I have enclosed a copy of current \$1,000,000 liability insurance	___	___
I have enclosed a list of menu items (required)	___	___
I have enclosed photos of my booth set-up from other venues (required)	___	___
I have enclosed my payment with this application	___	___
The total amount of my payment is \$ _____		
I understand that my booth can be shut down for the following reasons:		
Featuring items not listed on my application	___	___
Sharing a booth with an unapproved vendor	___	___
I understand that if approved I am responsible for my own tent, tables and chairs	___	___
I understand that no electricity will be supplied	___	___
I understand that I need to provide a ground cover is using grease	___	___
I understand no grease is allowed to be dumped/poured on ground/drains	___	___
I understand that I am responsible for my own trash within my booth area	___	___

For office use only:

DATE APPLICATION RECEIVED ____/____/____

NOTES: _____

FOOD VENDOR FEE RECEIVED ____/____/____

APPROVED BY: SLP CM LK RW