

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

**VENDOR APPLICATION**

**NAME:** \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**PHONE:** (    ) \_\_\_\_\_ - \_\_\_\_\_      **CELL:** (    ) \_\_\_\_\_ - \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

Choose 1 of the following categories:

**ARTISAN/CRAFT** \_\_\_\_\_      **NON-PROFIT** \_\_\_\_\_

**Artisan / Craft Vendor:** Merchandise must be hand made by you or a family member. You need to have full knowledge of the craft process for the items you are showcasing. Demonstrations encouraged.

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

Specify # of spaces (10 x 10 each) \_\_\_\_\_

Fee per space:      \$250.00 per day

**Non-Profit:** Must be a certified non-profit with documentation.

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

Specify # of spaces (10 x 10 each) \_\_\_\_\_

Fee per space:      \$75.00 per day

***Please call or email with any questions***

**(917) 863-9766 - [TallShipsVendors@gmail.com](mailto: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**

**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**

	<b>YES</b>	<b>NO</b>
I have enclosed a copy of my Non-Profit documentation	___	___
I have enclosed a copy of my NY State resale certificate	___	___
I have enclosed a list of all products I am planning to sell (required)	___	___
I have enclosed photos of all the products I am planning to sell (required)	___	___
I have enclosed photos of my booth set-up from other venues (encouraged)	___	___
I have enclosed my payment with this application	___	___

The total amount of my payment is \$ \_\_\_\_\_

**ARTISAN GUIDELINES**

The items I am selling are hand made by myself or a family member		
I have full knowledge of the creative process behind the items for sale	___	___
I am a vendor of consumable crafts such as jams, granola, honey or soap	___	___
I understand that my booth can be shut down for the following reasons:		
Featuring mass-produced items	___	___
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 & chairs.	___	___
I understand that no electricity will be supplied.	___	___

For office use only:

DATE APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_

VENDOR FEE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY: SLP CM LK RW