



VENDOR APPLICATION

(Please complete and submit to info@nyjapantown.org)

Contact Name: (last) _____ (first) _____

Company: _____

Address: _____




Phone: _____

Sales Tax ID No.: _____

Health Permit No.: _____

Number of booths desired: _____

ATTENTION: To process any application, we must receive your fee and a completed application form. NO REFUNDS, NO CANCELLATIONS, NO TRANSFERS, NO CREDITS will be issued by Azix, Inc. FINAL SALE on all transactions.

Festival	Location & Date	Deadline to apply	Fee	
			Food Vendor	Crafts & Products Vendor
	East Village Saturday, 7/17/2010	6/15/2010	\$500.00	\$400.00
	Midtown Sunday, 8/22/2010	8/04/2010	\$500.00	\$400.00
	Upper East Sunday, 9/26/2010	8/24/2010	\$500.00	\$400.00
Subtotal				
Grand Total				

Requirement:

Crafts Product Vender: NY Sales Tax ID

Food Vender: Health Protect Certificate, Affidavit, Temporary Food Service Establishment Application .Attachment.

All exhibitors will display their New York State Tax Certificate of Authority Number the day of the event. All food manufacturers under Azix, Inc.'s Health Certificate License must be properly licensed by the Department of Health Office of Special Events.

GENERAL COMMUNITY BOARD RULES: 1) A vendor cannot sell the same merchandise as the merchandise of the stores behind them. If this situation should arise, do not set up your booth. Bring it to our attention immediately and your space will be moved. The Producer reserves the right to move vendor at any time during the course of the day. 2) Please be sensitive to the fact that people live on the avenue/street and please refrain from making unnecessary noise, particularly in the morning. For example, do not throw your canopy pipes on the street, please gently place them down. Refrain from using your horn. 3) Use of sidewalk space is prohibited. 4) If NYC prohibits rain dates, the festivals will be held regardless of weather. 5) Vendor set up is not earlier than 8:00 AM. All vendors must have their booths up by 10:00 AM.

SPECIAL FESTIVAL RESTRICTIONS

Vendor agrees to comply with all Community Board Guidelines as well as all current NYC State Laws. This application is not a valid permit. The NYC Dept. of Health will issue you a one-day Street Fair Health Dept Permit for each booth registered to you. Your current store's Health Dept Permit is NOT valid for use in the festival. It is the vendor's responsibility to submit a copy of his/her valid one-day Street Fair Health Dept. Permit NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THE EVENT. Failure to do so will result in the loss of the fee paid to Azix, Inc. and the loss of the the vendor's space(s); the vendor will NOT be permitted to participate in the festival!

TERMS AND CONDITIONS

1. The height of a vendor's display, booth or kiosk cannot be higher than 8 feet.
2. Vendors cannot sell the same merchandise as merchandise of the stores behind them. If this happens, do not set up your booth. Bring it to Azix, Inc.'s attention.
3. The sale of alcoholic beverages is strictly prohibited.
4. Use of sidewalk space is prohibited unless otherwise instructed the day of the event.
5. Refrain from making any unnecessary noise in the morning during set up; e.g., do not throw your canopy pipes on the street and refrain from using your horn.
6. Sale of counterfeit merchandise is prohibited.
7. Sale of snap crackers, silly string, smoke bombs, and other related products are prohibited.
8. Unless otherwise noted, all events are rain or shine.
9. Vendor agrees to comply with any all new CB rules that are put into effect.
10. Vendor sets up no earlier than 8:00 AM. All vendors must have their booths up by 10:00 AM.
11. Vendor must at a minimum have a representative at each assigned space by 10:00 AM. Failure to do so will result in the Producers precluding the Vendor from participation and the Vendor shall not be entitled to any refund.
12. SPONSOR RESTRICTIONS: SALE OF OFFENSIVE ITEMS NOT CONSISTENT WITH THE DUTIES OF THE SPONSOR IS PROHIBITED.
13. All booths measure 10 X 10 feet.

PAYMENT

CREDIT CARD # _____ EXP. DATE _____ CVV2# _____
VISA MASTER CARD Other _____

I authorize Azix, Inc to charge the above credit card and clearly understand that this is final sale.

SIGNATURE _____ PRINT NAME _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO AZIX, INC.

For further information call: 212-661-3690 / Fax: 206-337-6526