

# DePasquale

## ARTISANAL FAIRS

### Fine Art Crafts Gifts

www.depasmarket.com

PO Box 278, Selden, NY 11784

depasqualeshows@yahoo.com

Tel 631 846 1459

Fax 631 285 1511

#### For Office Use Only

Date Rec	Ck #	Amt.
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## Application 2017 Food Trucks

Return application with payment. Indicate # of spaces at each show

### 40<sup>th</sup> Annual Father's Day Weekend

#### Kings Park Day Craft & Gift Fair

Saturday, June 17

10am – 4pm

Kings Park Library Parking Lot

Main Street

Outdoors rain or shine

( ) \$200 10' x 20'

*To benefit the Chamber of Commerce*

### 3<sup>rd</sup> Annual Labor Day Weekend

#### End of Summer Greenport Craft Fair

Saturday, September 2

10am – 4pm

Greenport High School

Front Street

Outdoors rain or shine

( ) \$200 10' x 20'

*To benefit the Greenport High School PTSA*

#### TERMS OF EXHIBITION

Food vendors required to have Suffolk County Dept of Health Food Permit.

There may be certain food and beverage restrictions. Inquire.

Provide your own tables, chairs, displays, tents, etc.

No space reserved without signed application and full payment.

No checks accepted within 14 days of the fair. **\$25 fee for returned checks.**

All items sold must be listed and approved by management.

DePasquale Enterprises reserves the right to accept or refuse exhibitor participation.

All exhibitors are responsible for leaving their area clean.

In the event of show cancellation due to weather there will be no refunds.

Credit (whole or partial) will be applied to next event.

Absolutely no packing prior to close of the fair (4pm) except Market Square (2pm)

Assigned space will not be held for exhibitors arriving after 9am.

No refunds

**Set-up time 8am** (unless otherwise indicated)

Confirmations detailing setup will be mailed or emailed prior to each event.

Name \_\_\_\_\_

Business \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Tax ID # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Vehicle \_\_\_\_\_

make/model \_\_\_\_\_

License \_\_\_\_\_

plate# \_\_\_\_\_

**All Trucks describe your food business:**

Enclose full payment with application. Combine show fees on one check.

**Checks payable to: DePasquale Enterprises, LLC**

Mail to: PO Box 278, Selden, NY 11784 Or Fax 631 285 1511

**MasterCard ( ) Visa ( ) AMEX ( ) Discover ( )**

Card# \_\_\_\_\_

Exp date \_\_\_\_\_ Security Code \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Billing address if  
different. \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Check/ Money order total enclosed \_\_\_\_\_

*My signature indicates that I am in agreement with the above terms of exhibition. It is further agreed that all vendors are independent agents and that neither DePasquale Enterprises, the sponsoring group, school district nor owner of the premises will be held responsible for injury, loss or damage of any kind whatsoever.*

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

**DATE** \_\_\_\_\_