

DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts

PO Box 278, Selden, NY 11784

Tel. 631 846 1459 Fax. 631 285 1511

www.depasmarket.com cathy@depasmarket.com

For Office Use Only

Date Rec	Ck #	Amt.
----------	------	------

Application 2021 Food Trucks

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

Greenport All Craft Fair

Saturday, Sept 4

10am – 4pm

Greenport High School

Front Street, Greenport, NY

Outdoors rain or shine

() \$200 20'

Selden Craft & Gift Fair

Sunday Sept 19

10am – 4pm

Newfield High School

Selden, NY

Outdoors rain or shine

() \$225 20'

Smithtown Village

Saturday Oct 16

10am – 4pm

Smithtown Historical Society

Smithtown, NY

Outdoors (raindate Oct 23)

() \$250 20'

TERMS OF EXHIBITON

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

Certificate of Insurance with Comprehensive General Liability not less than \$1,000,000/\$2,000,000 with the following listed as additional insured:

DePasquale Enterprises, LLC

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.

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

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

Name _____

Business _____

Name _____

Address _____

City _____ State _____ Zip _____

Tel _____ Cell _____

Fax _____ Tax ID # _____

Email _____

Website _____

Vehicle _____

make/model _____

License _____

plate# _____

Cuisines are limited. Please describe and list your food (be specific):

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 _____

- Set-up time 8am, unless otherwise directed.
- Outdoor shows held rain or shine unless otherwise stated
- Set-up info mailed or emailed prior to each event.

Sign the form below and return with application

DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts Gourmet Foods

PO Box 278, Selden, NY 11784

Tel. 631 846 1459 Fax. 631 285 1511

www.depasmarket.com cathy@depasmarket.com

This form must be signed and returned with application.

TERMS OF EXHIBITON

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.
All spaces preassigned and given upon arrival.
All items sold must be listed and approved by management.
We reserve the right to accept or refuse exhibitor participation
We reserve the right to remove items from booth that are not listed.
Handbags, other than hand crafted, are prohibited.
No firearms, knives, drug paraphernalia, obscene, illegal items.
Vendors with inappropriate items will be asked to leave with no refund.
Merchandise must be priced and honestly represented.
In case of show cancellation due to weather there will be no refunds.
Absolutely no packing prior to close of the fair
Assigned space will not be held for exhibitors arriving after 9:30am.
All vehicles must be off field by 9:30am.
Vendors must park in designated vendor parking area.
The use of generators is strictly prohibited without prior approval.
All exhibitors are responsible for leaving their area clean.
All trash must be brought to the dumpster prior to leaving.
Vehicles not permitted on field until close of show.
All vendors must vacate premises by 7:00pm.
All vendors must sign the Release Form.
NO REFUNDS

RELEASE FORM for all 2019 Events

In consideration of the sum set forth above and the mutual obligations of the above parties involved in afore listed events (hereinafter "the Events"), I, the undersigned, on behalf of myself and any corporate entity which I represent for its participation in the Events, if any, and on behalf of all of my and/or the corporation's employees, agents and volunteers who are participating in the Events, or are otherwise present for the Events, with the intention of binding myself and all others listed above, hereby release, indemnify, discharge, defend and save and hold harmless DePasquale Enterprises LLC, the sponsoring group, school district or owner of the premises and all other Events sponsors, and their agents, respective officers, directors and employees (hereinafter collectively referred to as "Sponsors"), from any liability, claims, losses, demands, actions, fines, expenses, costs, judgments, all foreseeable and unforeseeable damages whatsoever, whether for personal injury, covid-19 illness or property damage arising during the Events or as a result of or due to participation in the Events. The undersigned, being fully aware of the risks and hazards inherent in participating in the Events, hereby voluntarily elects to engage in such activity and assumes all risk of loss, damage, or injury to person or damage to property, while engaged in such activity. This release shall be binding on the distributes, next of kin, heirs, personal representative and administrators of the undersigned or those of any individual who the undersigned is signing on behalf. The undersigned irrevocably grants to sponsors the right to use his/her likeness, identifying logo or trademark in photographs, film or video for promotional use in any and all media. By signing this release, the undersigned hereby acknowledges and represents that he/she is of sound mind, has read this release and the Terms of Exhibition, understands it and signs it voluntarily. Additionally, if he/she is signing on behalf of a corporation or any other entity, the undersigned represents that he/she has authorization to sign on behalf of such entity.

Signature: _____

Date: _____

Print Name: _____