

# DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts

PO Box 278, Selden, NY 11784

Tel. 631 846 1459

www.depasmarket.com cathy@depasmarket.com

For Office Use Only

Date Rec	Ck #	Amt.

## Application 2022 Food Trucks

**May 7 Saturday**

**Selden Spring**

**Craft & Gift Fair**

**Newfield High School**

145 Marshall Drive, Selden, NY 11784

10am – 4pm

**Outdoor** Rain or Shine

( ) \$225 20' x 20'

**May 28 Saturday**

**Village Craft Fair**

10am – 4pm

**Smithtown Historical Society**

East Main Street, Smithtown, NY 11787

**Outdoor** rain date June 4

( ) \$225 20' x 20'

**June 18 Saturday**

**Kings Park Day**

**Craft & Gift Fair**

1 Main Street, Kings Park, NY 11754

Library Municipal Parking Lot

10am – 4pm

**Outdoor** Rain or Shine

( ) \$225 20' x 20'

**Oct 8 Saturday**

**Village Craft Fair**

10am – 4pm

**Smithtown Historical Society**

East Main Street, Smithtown, NY 11787

**Outdoor** rain date Oct 15

( ) \$225 20' x 20'

All 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

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

All exhibitors are responsible for leaving their area clean.

In case of show cancellation due to weather 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.

No refunds except if cancelled by pandemic.

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.

**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

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**This form must be signed and returned with application.**

## TERMS OF EXHIBITION

All documentation must be completed 15 days prior to event.  
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.  
Menu items 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.  
Your employees must park in designated vendor parking area.  
All exhibitors are responsible for leaving their area clean.  
All trash must be brought to the dumpster prior to leaving.  
All vendors must vacate premises by 7:00pm.  
All vendors must sign the Release Form.  
NO REFUNDS (Full or partial credit toward another event may be offered if event is cancelled due to inclement weather)  
FULL REFUNDS WILL BE GIVEN IF CANCELLED BY PANDEMIC

## 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 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 (including covid-19 related illness) 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: \_\_\_\_\_