

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.
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Application 2019 Food Trucks

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

42nd Annual Father's Day Weekend Kings Park Day Craft & Gift Fair

Saturday, June 15

10am – 4pm

Kings Park Library Parking Lot

Main Street

Outdoors rain or shine

() \$225 20' x 15'

To benefit the Chamber of Commerce

7th Annual Labor Day Weekend End of Summer Greenport Craft Fair Up-cycled Recreations

Saturday, August 31

10am – 4pm

Greenport High School

Front Street

Outdoors rain or shine

() \$225 20' x 15'

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)

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 _____

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