ST NICHOLAS FESTIVAL

Washington Heights

Sunday, June 1st 2019

10am-6pm

Contact: (First) _____ (Last) _____

Organization/Business Name: _____ Clearview Account #: _____

Address: _____ City:_____ State: _____ Zip:_____

Cell Phone #: _____-_____-_____ Email Address: _____

NYS Sales #: _____

Consumer Affairs Permit #: (General Vendors & Crafters only): _____ Exp. Date: _____

Food Handlers Permit #: (Food Vendors only): _____

H15 # (Temporary Food Service Establishment Permit): _____ Exp. Date: _____

Have you participated at any event managed by Clearview Production? ( ) Yes OR ( ) No

Items for sale, promotion or distribution: _____

Vendor Registration Fee (Indicate # of spaces needed)

Merchandise Vendors

___ **$110** per 10x10 space

Food & Beverage Service Vendors

___ **$300** per 10x10 space

Add $7.75 per spot non-food **Credit Card Convenience Charge** Add $10.00 per spot Food

Credit Card #:_____ CVV #: _____ Exp. Date: _____Visa/Mastercard only

I authorize Clearview Productions to charge the above credit card for this event and clearly understand that this is a FINAL TRANSACTION

Name on card: _____ Signature: _____ Date: _____

SUBMIT APPLICATION WITH CREDIT CARD CARD INFO VIA FAX TO **646-230-0718 or** info@clearviewfestival.com

Make Check (30 days prior to the event) OR MONEY ORDER PAYABLE TO:

CLEARVIEW PRODUCTIONS

630 Ninth Avenue Suite 417, New York, NY 10036

P 646-230-0489 F 646-230-0718

W www.CLEARVIEWFESTIVAL.COM

TO APPLY IN PERSON: TUESDAY – FRIDAY 10am – 3pm at 630 Ninth Avenue, Suite 417