

# Fordham Food Festival

Saturday, September 28<sup>th</sup>, 2019  
10am-6pm



Contact: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_ Clearview Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

NYS Sales #: \_\_\_\_\_

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: \_\_\_\_\_

**Food Vendor Registration Fee (Indicate # of spaces needed)**

\_\_\_ \$425 per 10x10 space

Add \$10.00 per spot Food

Credit Card Convenience Charge

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 INFO VIA FAX TO **646.230.0718** or [info@clearviewfestival.com](mailto: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](http://www.CLEARVIEWFESTIVAL.COM)

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