



2021
NYACK CHAMBER STREET FESTIVAL APPLICATION
 (30th year)

SeptemberFest - September 12

10 AM - 5 PM (Rain or Shine)

BOOTH SIZES: 10 x 10 single space 10 x 20 double space (double fee for double space)

- | | |
|--|---|
| <input type="checkbox"/> Art/Craft (Handmade by exhibitor) - \$150* | EXHIBITOR FEES PER SPACE: |
| <input type="checkbox"/> Art/Craft (Not Handmade by exhibitor) \$175* | <input type="checkbox"/> Chamber Members - \$95* <input type="checkbox"/> Chamber Members Food - \$100* |
| <input type="checkbox"/> Business/Commercial - \$190* | <input type="checkbox"/> Non-Profit (Rockland County-based) \$100* |
| <input type="checkbox"/> Food - \$200* <input type="checkbox"/> If Truck | <input type="checkbox"/> Walk-up day of show \$200 <input type="checkbox"/> RETURNING EXHIBITOR |
| # of Feet with hitch _____ | (If you have a generator you must have a fire extinguisher) |

MAKE CHECKS PAYABLE TO: Woodwill Corporation, MAIL TO: Woodwill Corporation, PO Box 5186, Hauppauge, NY 11788. – PH: 631-234-4183 – Fax: 631-582-6193 – www.woodwill.com – irwoodwill@aol.com
GPS address only – 100 Main St, Nyack, NY 10960

Complete the Application, **SIGN** and return with fee and **ENVELOPE**. ***Add \$1.00 if no envelope enclosed.**
 (One envelope for **EACH** show)

EXHIBITOR INFORMATION – Please type or **PRINT CLEARLY** (Space # will be sent out 1 week before show)

PRODUCT DESCRIPTION: _____

Please be specific to avoid placement near a potential competitor

Name of Business: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Cell: (_____) _____

E-Mail: _____ **NYS TAX #:** _____
 Application will not be accepted without NYS Sales Tax Number

- I have included: application NYS Tax # Check Food Vendors – Insurance Cert. Credit Card info.(on back)
 Photo of work & display **STAMPED SELF ADDRESSED # 10 ENVELOPE (REQUIRED for space #)**

I have read, understand and agree to the terms as listed in the Rules for Exhibitors on back of this application.
YOUR SIGNATURE IS REQUIRED BELOW – UNSIGNED CONTRACT WILL NOT BE PROCESSED

Exhibitor Signature & Title **Date**

Office Use Only:

Date: _____ Amt: _____ Acct: _____ Comp: _____ SPACE # _____