



**SMITHTOWN HISTORICAL SOCIETY
239 MIDDLE COUNTRY ROAD, SMITHTOWN, NY 11787**

COMMACK FORT SALONGA HAUPPAUGE KINGS PARK NESCONSET SMITHTOWN
SAINT JAMES VILLAGE OF THE BRANCH
VILLAGE OF HEAD OF THE HARBOR VILLAGE OF NISSEQUOGUE

Vendor Application: Spring Farm Festival

Saturday, May 25th, 2024 (12-4 PM)
at the Smithtown Historical Society’s 20-acre historic site
239 Middle Country Rd., Smithtown, NY 11787
***Rain date on May 26th (12-4 PM)**

I/We wish to be a vendor at the Smithtown Historical Society’s 2024 Spring Farm Fest on Saturday, May 25th, 2024, from 12-4 PM (rain date on May 26th). I/We understand that spaces are limited to a 10ft x 10 ft area and are issued at the sole discretion of the Fair’s organizing committee, and that I/we are responsible for providing all tables, canopies, and display apparatus to be used in our designated area on the day of the event.

COST: \$75 / 10 ft x 10 ft site

Business Name:

Business Proprietor:

Business Address:

Business Phone: _____ Business Email: _____

Description of Merchandise to be Sold:

Tax Resale Number:

(Please provide a copy of your Certificate of Authority)

I/We are planning to use a canopy tent? YES NO

If you sell food products, do you *only* sell pre-packaged food? YES NO

HOLD HARMLESS: “I agree to hold harmless the Smithtown Historical Society, their officers, employees, volunteers, and other participants from any and all demands, claims and liabilities on account of any illness, injuries, losses, and damage to property which may have been caused by or resulted from participation in the above event.”

NO REFUND: By signing this application, you agree to our no refund policy for space fees under any circumstances.

The Smithtown Historical Society reserves the right to cancel this contract at any time and for any reason, including but not limited to, unprofessional or dangerous behavior on the part of the business proprietor.

SIGNED:

Title _____

Date: _____

Please make check for \$75 due May 17th, 2024 payable to: **Smithtown Historical Society**

Please mail check to: **239 Middle Country Rd. Smithtown, NY 11787**

Any vendor applying after May 17th, 2024 must pay an increased fee of \$100.00.

Please note that this completed and signed application *and your full payment* officially secures your spot as a vendor at this event.

Please note any concerns or requests (we cannot guarantee our ability to honor such requests or concerns, but we will do our best):

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX

Date Received: _____

Check

Contact: _____

Vendor



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COST: \$150 / food truck (or vendor selling prepared food requiring a permit)

I/We have a food truck? YES NO

I/We need a Health Department permit to sell our prepared food? YES NO

Business Name:

Business Proprietor: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Description of Merchandise to be Sold: _____

Tax Resale Number: _____

(Please provide a copy of your Certificate of Authority)

HOLD HARMLESS: "I agree to hold harmless the Smithtown Historical Society, their officers, employees, volunteers, and other participants from any and all demands, claims and liabilities on account of any illness, injuries, losses, and damage to property which may have been caused by or resulted from participation in the above event."

NO REFUND: By signing this application, you agree to our no refund policy for space fees under any circumstances except in the case of the Smithtown Historical Society canceling or postponing the event.

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SIGNED:

Title _____

Date: _____

Please make check for \$150 due May 17th, 2024 payable to: **Smithtown Historical Society**

Please mail check to: **239 Middle Country Rd. Smithtown, NY 11787**

Any vendor applying after May 17th, 2024 must pay an increased fee of \$200.00.

Please note that this completed and signed application *and your full payment* officially secures your spot as a vendor at this event.

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Check

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COST: \$50 / 10ft.x 10ft. space (for non-profit organizations)

Business Name:

Business Proprietor:

Business Address:

Business Phone: _____ Business Email: _____

Description of Merchandise to be Sold:

Tax Resale Number:

(Please provide a copy of your Certificate of Authority)

I/We are planning to use a canopy tent? YES NO

I/We are certified as a non-profit organization and can provide a Certificate of Incorporation:
YES or NO

HOLD HARMLESS: "I agree to hold harmless the Smithtown Historical Society, their officers, employees, volunteers, and other participants from any and all demands, claims and liabilities on account of any illness, injuries, losses, and damage to property which may have been caused by or resulted from participation in the above event."

NO REFUND: By signing this application, you agree to our no refund policy for space fees under any circumstances except in the case of the Smithtown Historical Society canceling or postponing the event.

The Smithtown Historical Society reserves the right to cancel this contract at any time and for any reason, including but not limited to, unprofessional or dangerous behavior on the part of the business proprietor.

SIGNED:

Title _____

Date: _____

Please make check for \$50 due May 17th, 2024 payable to: **Smithtown Historical Society**

Please mail check to: **239 Middle Country Rd. Smithtown, NY 11787**

Any vendor applying after May 17th, 2024 must pay an increased fee of \$75.00.

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Check

Contact: _____

Vendor
