



# 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: Spooky Woods & Trick O' Treat

**October 25-27<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>, 2024 (5:30-8:30 PM)**

at the Smithtown Historical Society's 22-acre historic site

239 Middle Country Rd., Smithtown, NY 11787

*\*Multiple-date event with no rain dates*

I/We wish to be a vendor at the Smithtown Historical Society's 2024 Spooky Walk on October 25-27<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup>, 2024 from 5:30-8:30 PM. 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.

**TOTAL COST FOR ALL 5 DAYS: \$125 /10ft.x 10ft. space**

**COST PER DAY: \$50 /10ft.x 10ft. space**

*\*This applies if the vendor is unable to attend all 5 days*

Dates I/we would like to attend: \_\_\_\_\_

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

**The Smithtown Historical Society will not provide any access to electrical outlets due to our historical site's circuit breakers not being able to withstand heavy electrical holds. Vendors are responsible for bringing generators for their energy needs.**

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 an 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 due Oct. 18<sup>th</sup>, 2024, payable to: **Smithtown Historical Society**

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

**Any vendor applying after Oct. 18<sup>th</sup>, 2024, must pay an increased fee of \$150.00 if applying for the full 5-day event or \$75/day if applying for 1-4 days.**

**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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**TOTAL COST FOR ALL 5 DAYS: \$100 /10ft.x 10ft. space (for non-profit organizations)**

Dates I would like to attend: \_\_\_\_\_

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

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Vendor