



**36<sup>th</sup> Annual Sugar Loaf Fall Festival**  
**Columbus Day Weekend October 11, 12, 13 2008 10am – 6pm**

**APPLICATION FOR CRAFTER / ARTISAN – NON-FOOD VENDOR**

**Important:** All items to be sold must be handcrafted or created by the applicant(s). No assembled or commercially manufactured items are permitted.

YOUR NAME: \_\_\_\_\_ NYS TAX ID \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE \_\_\_\_\_

Name and Types of items you will be selling: (You may only sell what you list here, attach list if you need more space): \_\_\_\_\_

\_\_\_\_\_

This application must include at least 3 photos, slides, prints or a PC compatible disc with JPG images of your work and at least 1 of your booth. Describe the images below, include process, materials used and any information you feel will help the jury make an informed decision. Use the other side or extra pages if you need more space. If you do not have a picture of your booth, please add a brief description of your booth setup.

Photo/Image #1) \_\_\_\_\_

Photo/Image #2) \_\_\_\_\_

Photo/Image #3) \_\_\_\_\_

Booth Info. ) \_\_\_\_\_

Booth Size: \_\_\_\_\_ Booth Type: \_\_\_\_\_

Electricity is not available or provided. Generators are not permitted.

Do you have proof of liability insurance coverage while operating at an outdoor event or festival?  
Y/N \_\_\_\_\_

Please read and sign the release below. Return this application along with pictures, descriptions of items sold and payment. Important: Label your submissions with your name and phone number and indicate if you want the photos returned to you.

If you are chosen to participate in the Fall Festival, an information packet will be mailed to you along with the notification of your acceptance and your payment will be processed. If you are not chosen to participate this year (spaces are limited), your materials will be returned to you, if requested, and your booth fee payment will be returned.

**Payment & Materials Checklist: (Separate checks for each item please)**

\_\_\_\_\_ \$10 Application Fee

\_\_\_\_\_ \$225 booth fee per 10'x10' space / for all 3 days (\$195 if submitted by 8/15)

\_\_\_\_\_ Photos / Slides of Items for sale and your booth

**Mail to:**

Fall Festival / Vendors  
Sugar Loaf Chamber of Commerce  
P.O. Box 125 Sugar Loaf, NY 10981

If you have questions about the application please **email:** info@sugarloafnychamber.com  
Acceptance notice and locations will be awarded on a first come first served basis and space is strictly limited so submit your application as soon as possible. Thank you!

**RELEASE STATEMENT**

By signing below I agree to consider this application a commitment if accepted and to abide by all rules set forth by the Fall Festival Committee of the Sugar Loaf Chamber of Commerce. I also understand and agree to the following: No items are to be sold that were not listed on my application and approved by the Fall Festival Committee. If my booth is at any time deemed to be unsafe or inappropriate for the festival audience by any member of the committee, I may be asked to cease all sales immediately. The use of music, video or AV equipment is not permitted without prior written permission. The Sugar Loaf Chamber of Commerce and all members including the festival committee are not responsible in any way for personal injuries, property damage or theft which may occur to me or my associates as a result of my participation in this festival. All images presented in photos or taken during the festival may be used for promotional purposes by the Sugar Loaf Chamber of Commerce or its members. The committee reserves the right to reject any application. I am responsible for collecting NYS sales tax. My booth will be properly attended for all three days of the festival from 10am – 6pm and my booth area will be kept clean and safe. No refunds will be issued for any reason including but not limited to, rain, bad weather or events that adversely affects the festival.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Business Name** \_\_\_\_\_

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FF Committee Use Only

Date Received: \_\_\_ / \_\_\_ / \_\_\_ Payment Received \$\_\_\_\_\_ Accepted? Y/N \_\_\_\_\_ Vendor Space \_\_\_\_\_

Returned Items? Y/N \_\_\_\_\_ Notification Sent \_\_\_\_\_ Info Packet Sent \_\_\_\_\_ Publicity Packet Sent \_\_\_\_\_