

# Great South Bay Music Festival LLC. FESTIVAL FOOD VENDOR REGISTRATION

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**Date:** Fri., Sat., Sun., July 11, 12, & 13, 2008

**Place:** Shore Front Park, Patchogue, NY (Located on the Water Front)

**Allotted Area: Minimum of 10 Linear Feet**

**Food Vendors to provide necessary power.**

**Registration Fee: Based on linear feet, multiply each foot by \$100.00. Example 10' x \$100 = \$1000**

Food Vendors must have all food products approved by GSBMF.

**Reg. Information:** You will be notified of your acceptance within two weeks of receipt by GSBMF.

Your booth fees are due when submitting your application. In the event of refusal, all monies will be returned.

Food vendors need to have the proper insurance.

Food vendors are required to have the proper permits from the Department of Health.

No Food Vendor shall be permitted to sell Alcoholic Beverages and Bottled Water

Any additional feet measured over the applied for footage will be charged for at the festival.

For information regarding festival applications, please contact our office:

Monday thru Friday, 10 am. To 3 pm. – (631) 331-2800, Fax (631) 331-2643.

**Booth Name:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Sales Tax Or Resale #:** \_\_\_\_\_

**Description of all items you will sell:**

**(Attach extra sheet if necessary, slides, promotional materials etc.):**

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*Over*

Please accept my check for the following:

<b>Amt.</b>	<b>Cost</b>	
	\$ _____	<b>Booth fee = number of feet X \$100.00. (Minimum of 10 linear feet)</b>
_____	\$ _____	<b>Tables: \$20 ea.</b>
_____	\$ _____	<b>Total Payment Included</b>

**Please include your check for the full amount or your application will be refused.**

**I agree to all terms and conditions set forth by the GSBMF, and I release the Great South Bay Music Festival, LLC. And The Village of Patchogue, from all liability and responsibility for any loss, damage, or bodily injury, before, during or after the festival. GSBMF LLC. Reserves the right to refuse any application and will fully refund all monies paid in the event of refusal.**

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

**Print Name:** \_\_\_\_\_

**Make checks payable to:**  
GREAT SOUTH BAY MUSIC FESTIVAL LLC

**Mail to:**  
GREAT SOUTH BAY MUSIC FESTIVAL LLC,  
P.O. BOX 372,  
PORT JEFFERSON, NY 11777

**If accepted, you will receive a confirmation letter within two weeks of receipt.**