



NAME OF BUSINESS: _____

CONTACT NAME: _____
Last First

PHONE: _____

MAILING ADDRESS: _____ EMAIL: _____
Street City State ZIP

NEW YORK SALES TAX #: _____

Food handlers permit # (eateries & specialty cuisine exhibitors ONLY): _____

H 15/25 # (Temporary Food Service Establishment Permit): _____ Exp. Date: _____

ITEMS FOR SALE, PROMOTION OR DISTRIBUTION: _____

CONSUMER AFFAIRS PERMIT #: _____ START DATE _____ EXP. DATE: _____

Have you participated at any event managed by POPUP New York? Yes OR No

Website: _____ Items to be featured @ POPUP: _____

Vendor Registration Fee (Indicate # of spaces needed)

ARTISANS, CRAFTERS & DESIGNERS
(3+ Photos required with application)

\$135 per 10 "x 10" space # of spaces _____ TOTAL _____

SPECIALTY CUISINE & FOOD PURVEYORS

\$300 10 "x 10" space # of spaces _____ TOTAL _____

Add \$7.75 per spot non-food

Credit Card Convenience Charge

Add \$10.00 per spot Food

Credit Card #: _____ CVV #: _____ Exp. Date: _____ Visa/MasterCard only

I authorize Clearview Productions to charge the above credit card for this event and understand that this is a FINAL TRANSACTION.
NO Refunds, Cancellations, or Credits.

Name on card: _____ Signature: _____ Date: _____

SUBMIT APPLICATION WITH CREDIT CARD INFO VIA FAX: **646-230-0718** or EMAIL: info@popupnewyorkevents.com

Make CHECK (30 DAYS IN ADVANCE) OR MONEY ORDER PAYABLE TO:

PopUp New York Events

A 630 Ninth Avenue Suite 417, New York, NY 10036

P 646-230-0719 W www.popupnewyorkevents.com