



Contact: (First) _____ (Last) _____

Organization/Business Name: _____

Have you participated at any event managed by PopUp New York? Y N

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ Email Address: _____

NYS Sales #: _____

Consumer Affairs Permit #: (Merchandise Vendors Only) _____ Start Date _____ Exp. Date: _____

Food Handlers Permit #: (Food Vendors only): _____

H15 # (Temporary Food Service Establishment Permit): _____ Exp. Date: _____

Website: _____ Items to be featured @ POPUP: _____

Vendor Registration Fee (Indicate # of spaces needed)

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

___\$175 per 10x10 space

SPECIALITY CUISINE & FOOD PURVEYORS

___\$475 per 10x10 space

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 clearly understand that this is a FINAL TRANSACTION

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