

**OGDENSBURG INTERNATIONAL SEAWAY FESTIVAL
VENDOR'S PERMIT APPLICATION**

Organization or Sponsor Name (If any): _____

Mailing address: _____ Email: _____

Telephone #: _____ NYS Tax ID#: _____

Type of Unit: (Please circle)

Food: Push Cart, Small Unit (1-2 Persons)

Large Unit (Over 2 Persons) or Non-Food

Day & Time of Space Reservation: _____

Fee: _____ Days x Rate: _____

Proof of Operating Authority as Needed: _____

Worker's Info (Maximum # of workers = 5):

1.	Workers Name	DOB	Driver's or Non-Driver's Lic. #
2.	Workers Name	DOB	Driver's or Non-Driver's Lic. #
3.	Workers Name	DOB	Driver's or Non-Driver's Lic. #
4.	Workers Name	DOB	Driver's or Non-Driver's Lic. #
5.	Workers Name	DOB	Driver's or Non-Driver's Lic. #

Person Responsible for Unit:

Name	SSN#	Driver's or Non-Driver's Lic. #
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Fee Received: _____ Fee Approved: _____

Police Chief approval: _____ Permit # issued _____

Make all Checks Payable to: Ogdensburg Internal Seaway Festival

Mail to:

To Reserve your Spot, Please RSVP by

Any questions, call