

2024 Black Arts & Cultural Festival Grand Rising Health & Wellness Fair Vendor Application

August 5, 2023 | 11:30 a.m. - 2:30 p.m.

Thank you for your interest in the New York State Office of General Services (OGS) 2024 Black Arts and Cultural Festival Grand Rising Health & Wellness Fair. OGS-sponsored events held on the Empire State Plaza serve thousands of State employees and visitors and are intended to be family friendly.

Commercial and not-for profit vendors providing products and services that promote health and wellness are welcome to apply. Commercial vendors pledging a portion of their sales to charity do not qualify for not-for-profit status. The following products and/or services may be considered:

- Health and wellness services
- Nutrition services
- Financial services
- Handmade or commercial products, clothing, accessories, books, general merchandise, packaged, canned, jarred or otherwise processed food products that are intended to be taken home for consumption.

Load in for this event will be held from 9:00-10:30 a.m.

APPLICATION DEADLINE IS JULY 24, 2024

All applications that are submitted by the above listed deadline will be considered. Sending an application does not guarantee acceptance into the program.

Here is how it works:

- Fully executed applications will be accepted on a first come, first served basis.
- Vendors will be notified via email of their event participation.
- OGS reserves the right to extend deadlines.

**Strolling Vendors are prohibited at all Summer at the Plaza Events.
Please see the complete list of Vendor Rules & Guidelines**

For additional information please contact Nicholas DeBlois:

New York State Office of General Services, Convention & Cultural Events
Tel 518.486.3966 • nicholas.deblois@ogs.ny.gov



Vendor Application: 2024 Black Arts & Cultural Festival Grand Rising Health & Wellness Fair

Saturday, August 3 | 11:30 a.m. - 2:30 p.m. | Load-in 9:00 a.m. - 10:30 a.m.

Business Information					
Business Name		Contact Name	Phone	Email	
Business Address 1		How will the items you sell/distribute enhance the spirit and character of the event? Must be related to health and wellness.			
Business Address 2					
City	State				Zip
Vehicle & Driver Information					
Will your vehicle fit in the V-Lot? (Must be 6ft, 6in or lower in height)		Yes No	Will you need oversize vehicle parking in P-1N Lot? (For vehicles 6 ft, 6in or higher)		Yes No
Driver 1 Name (exactly as it appears on license)	Driver's License: Issued State & Number		License Plate: Issued State & Number		
Driver 2 Name (exactly as it appears on license)	Driver's License: Issued State & Number		License Plate: Issued State & Number		
Permit Agreement					
<p>The Permit Agreement, including the completed Notary Page, photos of booth and signs and insurance requirements, is REQUIRED and must be attached with the Vendor Application.</p> <ul style="list-style-type: none"> Download the Agreement: https://empirestateplaza.ny.gov/permit-agreement The Agreement is not applicable for NYS Agencies. Vendors wishing to apply for an insurance waiver must meet the terms outlined in Item 12 of the Permit Agreement. <p>My permit agreement is already on file</p> <p>My permit agreement is included with this vendor application</p>		Please include any additional information or questions in the space below:			
Options, Fees & Payment					
10'x10' Vendor Booth*	\$40	Total: \$			
Additional 10 feet	\$30	Total \$			
		Grand Total: \$			

* A standard booth includes: one table, two chairs, and one parking space. Load in begins at 8am the day of the event.

Instructions: Return the completed Vendor Application with the following:

Payment in Full Any outstanding payment due to OGS may preclude participation. Payments may be made by check, money order or credit card and made payable to the NYS Office of General Services.

Proof of Not-for-Profit Status (if applicable)

Signed Permit Agreement (if not already on file)

Please make checks or money orders payable to:

NYS Office of General Services

Return completed Vendor Application, Permit Agreement and Payment to:

nicholas.deblois@ogs.ny.gov



Credit Card Form

Instructions: To pay with your credit card, please complete and return this form with your application.

Card Information section containing fields for Card Type (AMEX, Discover, MasterCard, VISA), Business Name, Cardholder First Name, Cardholder Last Name, Credit Card Number, Expiration Date, CVV2, and Billing Zip Code.

Charge Authorization section containing a declaration statement, Event Name, Authorized Amount, Name (Print), Date, and Signature* fields.

*The signature section must be completed. Electronic signatures are not accepted.

For Office Use Only section containing fields for Invoice #, Program, and Received By.