



# POLISH FESTIVAL

These annual sales offer a variety of vendors and crafters an opportunity to display, sample, and sell goods at the Empire State Plaza. OGS-sponsored events held at the Empire State Plaza, serve thousands of State employees and visitors and are intended to be family friendly. Those selling themed items are encouraged to apply.

Vendors providing the following items for sale are invited to apply to participate:

- Handmade or Commercial Products
- Fine Arts and Crafts
- Clothing and Accessories
- Books and General Merchandise
- Commercially Produced, Pre-Packaged Food Items

**Please Note: Ready-to-Eat Food and Commercial Service Products are not eligible**

Date	Time	Application Deadline
4/9/25	10:00am–2:00pm	3/28/25 at 5:00pm

**Here is how it works:**

- All applications that are submitted by the listed deadline will be considered.
- Sending an application does not guarantee acceptance into the program.
- Vendors will be notified via email of their event participation, unless special arrangements are made.
- OGS reserves the right to extend deadlines.

**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](mailto:nicholas.deblois@ogs.ny.gov)



# Vendor Application: 2025 Polish Festival

April 9, 2025 from 10:00 a.m. - 2:00 p.m. Load in from 8:00 a.m. - 10:00 a.m.

## Business Information

<b>Business Name</b>		
_____		
<b>Contact Name</b>	<b>Phone</b>	<b>Email</b>
_____	_____	_____
<b>Business Address 1</b>		<b>Business Address 2</b>
_____		_____
<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____
<b>How will the items you sell/distribute enhance the spirit and character of the event?</b>		
_____		

## Vehicle & Driver Information

<b>Will your vehicle fit in the V-Lot? (Must be 6ft, 6in or lower in height)</b>	<b>Yes</b>	<b>No</b>	<b>Will you need oversize vehicle parking in P-1N Lot? (For vehicles 6 ft, 6in or higher)</b>	<b>Yes</b>	<b>No</b>
_____	_____	_____	_____	_____	_____
<b>Driver 1 Name</b> (exactly as it appears on license)	<b>Driver's License:</b> Issued State & Number		<b>Make, Model, Year</b>	<b>License Plate:</b> Issued State & Number	
_____	_____		_____	_____	
<b>Driver 2 Name</b> (exactly as it appears on license)	<b>Driver's License:</b> Issued State & Number		<b>Make, Model, Year</b>	<b>License Plate:</b> Issued State & Number	
_____	_____		_____	_____	

## Permit Agreement

**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.**

- 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.

**My permit agreement is already on file**

**My permit agreement is included with this vendor application**

**Please include any additional information or questions in the space below:**

\_\_\_\_\_

## Event Space Options: Selection & Payment

Space Options	Cost	Select ✓ and Enter Quantity & Total \$	
<b>Basic Commercial Booth:</b> <small>10' x 15' space includes 2 tables, 2 chairs, access to 110v electrical power, 1 parking space</small>	\$70	→ Qty	Total \$
<b>Additional Space:</b> <small>Additional 15' with 1 additional table (must be in conjunction and adjacent to basic booth space)</small>	\$50	→ Qty	Total \$
<b>Additional Parking</b>	\$10	→ Qty	Total \$
<b>Additional Tables</b> (no charge)	\$0	→ Qty	
<b>Additional Chairs</b> (no charge)	\$0	→ Qty	

<b>Please make checks or money orders payable to:</b>	NYS Office of General Services	<b>Total Due With Application: \$</b>
<b>Return completed Vendor Application, Permit Agreement and Payment to:</b>	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			
Card Type		Business Name	
AMEX	Discover	MasterCard	VISA
Cardholder First Name		Cardholder Last Name	
Credit Card Number (XXXX-XXXX-XXXX-XXXX)		Expiration Date	CVV2
-	-	-	Billing Zip Code
Charge Authorization			
I hereby authorize the Office of General Services to charge the following amount for the event indicated below.			
Event Name		Authorized Amount	
		\$	
Name (Print)		Date	
Signature*			
_____			

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

For Office Use Only		
Invoice #	Program	Received By