DIWALI FESTIVAL OF LIGHTS

2026 Vendor Application

AT THE PLAZA

You are invited to participate in the third annual Diwali Festival of Lights at the Empire State Plaza as NYS celebrates the rich and diverse culture of the Capital Region. All crafters, commercial vendors, not-for-profit informational groups, and especially artists and exhibitors with Diwali themed displays, are encouraged to submit applications.

This event will be held in the Empire State Plaza Convention Center and is a wonderful opportunity to connect with the local community at the Empire State Plaza. The following types of vendors are encouraged to apply:

- Commercial merchandise
- Pre-packaged food items intended to be taken home for consumption
- Seasonal and holiday gifts
- Fine arts and crafts
- Clothing and accessories
- Books and general merchandise
- Information booths

Please note: Ready to eat food vendors are not eligible to apply.

Date: October 24, 2026
Time: 4:00 p.m. - 9:00 p.m.
Application Deadline: October 8, 2026 at 5:00 p.m.

Here's 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.
- OGS reserves the right to extend deadlines.

For additional information, please contact:

Nicholas DeBlois
Nicholas.Deblois@ogs.ny.gov
(518) 486-3966

NEW YORK STATE | Office of General Services

Clear Form

Convention and Cultural Events
Room 120, Concourse
Empire State Plaza
Albany, NY 12242

Vendor Application: 2026 Diwali Festival of Light

Business Information

Business Name

Contact Name | **Phone** | **Email**

Business Address 1 | **Business Address 2**

City | **State** | **Zip**

How will the items you sell/distribute enhance the spirit and character of the event?

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	**Make, Model, Year**	**License Plate:** Issued State & Number

Driver 2 Name (exactly as it appears on license)	**Driver's License:** Issued State & Number	**Make, Model, Year**	**License Plate:** Issued State & Number

Permit Agreement

The Permit Agreement, photos of booth setup and signs, along with all insurance certificates, are 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 $
Basic Commercial Booth: 10' x 10' space includes 1 table, 2 chairs, access to 110v electrical power, 1 parking space	$180	☐ → **Qty** **Total** $ 0
Additional Space: Additional 10' with 1 additional table (must be in conjunction and adjacent to basic booth space)	$80	☐ → **Qty** **Total** $ 0
Basic Not-for-Profit Booth Space: 10' x 10' space includes 1 table, 2 chairs, access to 110v electrical power, 1 parking space	$120	☐ → **Qty** **Total** $ 0
Additional Parking	$10	☐ → **Qty** **Total** $ 0
Additional Chairs (no charge)	$0	☐ → **Qty**

Please make checks or money orders payable to:
Return completed Vendor Application, Permit Agreement and Payment to:
NYS Office of General Services
Nicholas.Deblois@ogs.ny.gov

Total Due With Application: $ 0

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Credit Card Form

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

CARD INFORMATION

Card Type

☐ **AMEX** ☐ **Discover** ☐ **MasterCard** ☐ **VISA**

Business Name: _____

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: **$** _____ **Date:** _____

Name (Print): _____

_____

Signature (The signature section must be completed. Electronic signatures are not accepted.)

For Office Use Only		
Invoice #	**Program**	**Received By**