

Holiday Market

Main Street, Newtown CT

Sunday, December 8, 2024 | 11:00 am - 4:00 pm

39th Annual Holiday Festival **Indoors & Outdoors - RAIN or SHINE**

CRAFTS FOOD ARTS Vendor Application due by November 1st or when space is filled

Business Name:		CT Sales Tax ID:		
Contact Name:	Phone:	Email:		
		Website and/or		
Address:		Social Media:		
Description of Items to be Sold: (Include price ranges & photos)				
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Pricing:	N	ew Indoor Option - Limited spaces available		
Outdoor: Cost: \$75.00 per 10'x10' space	Ir	ndoor: Cost: \$100.00 per 8'x6' space		
Size: Approx. 10'x10' (grassy areas along Main	St.) Si	ze: Approx. 8'x6' (Edmond Town Hall Gym)		
# of spaces x \$75.00 = \$	#	of spaces x \$100.00 = \$		
* Outdoor vendors will NOT have the option of moindoors on festival day.		f requesting an indoor space and capacity is met, do you wish to be considered for an outdoor space, if available? Yes / No		
Payment: (payment must be submitted with application and will be processed 12/5/24)				
Check: Make payable to <i>Newtown Youth and Family Services</i> 15 Berkshire Road, Sandy Hook, CT 06482 Attn: Susan Smith/Holiday Festival				
Credit Card: Card #:		Exp. Date:		
CVV: Billing Zip Code:	Name o	n card:		

Questions? Contact Susan Smith at (203) 270-4335 or MarketVendors@NewtownYouthAndFamilyServices.org



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General Information / Rules, Terms & Conditions

ELIGIBILITY AND SELECTON

NYFS will review applications and approve exhibitors. Work will be evaluated on the basis of design, craftsmanship, originality, presentation, and sales potential. Preference will be given to exhibitors with handmade, artisan work that is locally made. If accepted, you will receive confirmation by September 1st through email. Exhibitors must display only their own original work and are expected to attend the event in person. Exhibitors misrepresenting their craft, exhibiting items not approved for exhibit, or not complying with the rules and regulations will be asked to leave the event premises and will forfeit the space fee. Incomplete and/or unsigned applications will not be processed.

PAYMENT

Payment of space fee must be made in full at the time of application. Applications will not be accepted without payment. Please pay by credit card or send a **check payable to Newtown Youth and Family Services post-dated 9/1/24** to NYFS at 15 Berkshire Road Sandy Hook, CT 06482 Attn: Susan Smith/ Holiday Festival. **Your payment will be processed on Thursday, December 5, 2024 once the inclement weather decision has been made.**

BOOTH SPACE

Outdoor booths are approximately 10' x 10' and will be on planting strips i.e., the grassy area between the sidewalk and the street. Trees and street signs will prohibit trailers and vehicles from maneuvering. Booths and display units must fit within the space parameters. Tents, tables, chairs, etc. are not included. It is the responsibility of the exhibitors to provide any and all necessary equipment. Outdoor booths will NOT have the option to move indoors on festival day.

Indoor booths are approximately 8' x 6' and will be inside Edmond Town Hall Gym. Tents, tables, chairs, etc. are not included. It is the responsibility of the exhibitors to provide any and all necessary equipment.

SET-UP / BREAKDOWN - Sunday, December 8, 2024

Set-up is from 8:00 am - 10:30 am with the event running from 11:00 am to 4:00 pm. Tents, tables & chairs are not included. It is the responsibility of exhibitors to provide their own equipment.

Breakdown cannot begin any earlier than 4:00pm. Exhibitors are responsible for cleaning up their area and the booth space must be left free of rubbish, packing, display materials, etc.

TEMPORARY FOOD PERMIT

Exhibitors selling edible food items (i.e., candy, baked goods, oils, sauces, spices, etc.) must seek approval from the Newtown Health Department. The Health Dept. will be on site at the festival for inspections and your temporary food permit must be visible. Food vendors should complete the attached temporary food service license application, include a \$50 check payable to Newtown Health Department, and return to Susan Smith at NYFS along with the vendor application. Please contact the Newtown Health Department on their website or by phone at (203) 270-4291with any questions.

CANCELLATION

Cancellations made more than thirty days prior to the Festival will allow the exhibitor to receive back the space fee less a 25% (twenty five percent) processing fee. Cancellations made thirty days or less prior to the Festival will result in the forfeiture of the exhibitor's space fee. Cancellations must be in writing. Nonappearance at the festival without written cancellation will result in the forfeiture of the exhibitor's space fee.

LIABILITY & INSURANCE

Newtown Youth & Family Services assumes no responsibility for damage, theft or loss of exhibitor work, personal property or display. Exhibitor shall indemnify, defend and save harmless Newtown Youth & Family Services from all suits, claims, injury or damage or losses of any nature.

GENERAL RELEASE AND ACCEPTANCE OF RULES

I have read the event rules, terms and conditions and I agree to abide by said rules. I, the applicant, release the organizer, Newtown Youth & Family Services from any and all liability for any damage, injury or loss to any person or goods which may arise from participation in the event. My signature indicates that I make this application in good faith and am ready, willing and able to participate in the event. I understand that written notification of acceptance into the event implies a contract with all duties and obligations incumbent therein. If this application is accepted, I give permission to use my name, images submitted and any photographs or videotape taken at the event of me or my items for advertising and publicity purposes.

INCLEMENT WEATHER - The Holiday Market will be held rain or shine. In the event of predicted extreme weather for festival day, you will be notified on Wednesday, December 4, 2024 of cancellation. If canceled by NYFS, all space fees will be returned.

The undersigned and the company they represent agree to abide by the terms and conditions and by the rules and regulations included in this document.

Annlicant Signature	Date

Applicant Signature
Page 2 of 2

Proudly serving the towns of Bridgewater, Newtown and Roxbury



3 Primrose Street Newtown, CT 06470 P: (203)270-4291

www.newtown-ct.gov/health-district

NEWTOWN DISTRICT DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE LICENSE APPLICATION

FEE: \$50.00 per event

All vendors serving food and/or beverages to the public at temporary events are required to have a temporary food service license. Non-profit vendors that are tax exempt are not required to pay the application fee. To determine if your organization meets the criteria as a non-profit vendor please contact the Health District.

- > Applications are REQUIRED 14 DAYS PRIOR TO EVENT to allow for adequate review
 - > Please fill out the application completely and attach any necessary documents.

NAME OF EVENT:	
EVENT DATE(s) / TIME(s):	
LOCATION OF EVENT:	
BUSINESS/ ORGANIZATION NAME:	
BUSINESS / ORGANIZATION MAILING ADDRESS:	
APPLICANT NAME:	PHONE:
EMAIL:	
1. List all food items to be offered at the event (attach menu	ı if available).
Food & Beverage Menu Items	Product Purchased at:
When will food be purchased?	
3. Where will food be stored prior to event?	
Describe how you will monitor food temperatures:	

5. Where will food be prepared? Cirlce one:*Food items provided by another licensed food estatement	On- Site Kitchen Licensed Food Establishment ablishment not licensed by Newtown Health District, must provide a		
copy of their current food service license. 6. Describe how foods will be kept cold on-site	e and in transport (below 41 degrees F):		
7. Describe how foods will be kept hot on-site and in transport (above 135 degrees F):			
8. If offering hot foods, describe cooking proce	edures:		
9a. Hand Washing Set Up: Temporary Set up Commercial Portable Hand Sink Available inside facility	9b. Hand Washing Accessories: Hot / Cold Water, Soap, Papertowels Waste Receptacle Other:		
11. Sanitizer: Circle one: Chlorine (Bleach)	- or- Quaternary (Test Strips must be available on-site)		
Type of Water Supply: Private Well, m **Food booth operators must keep on file a list The undersigned agrees to abide by all Sta food and beverages with the understanding result in revocation or the suspension of yo			
Food Service License - if	f not licensed with Newtown Health District fanager (Qualified Food Operaor) Certificate		
Applicant Signature:	Date:		

Health District Use Only: Fee Paid:	Check #: Cash:		
Comments:	•		
Application Approved By:	Date:		