

# The Inaugural Yonkers Dominican Festival Vendor Application 2023

**\*ALL PAYMENTS ARE NON-REFUNDABLE**

*The City of Yonkers' Mayor Mike Spano,  
Westchester Latinos Unidos, and Dominicans In  
Yonkers Presents:*

**The Inaugural Yonkers Dominican Festival  
Saturday, August 26<sup>th</sup>, 2023 – 12:00PM – 6:00PM**

The following documentation is **REQUIRED** to secure your vendor spot.

**ALL VENDORS MUST INCLUDE:**

- \*NYS Vendor Certificate of Authority
- \*Photo ID
- \*Check or Money Order

Non-Profit's must provide a copy of 501c3

**TO PAY BY CHECK OR MONEY ORDER. MAKE CHECK PAYABLE TO:**

“Westchester Latinos Unidos”

**MAIL TO:**

**WESTCHESTER LATINOS UNIDOS**  
Attn: Dominican Festival  
557 Gramatan Avenue  
Mt. Vernon, NY 10552

**ALL VENDORS MUST HAVE/INCLUDE:**

- \*Mobile Health Permit  
Or
- \*Completed Application for Westchester County Temporary Food Service

**FOOD VENDORS Applying for Westchester County Temporary Health Permit:**

Make Separate Payment Payable To:

“Westchester County Dept. of Health”  
(In the amount of \$85.00)

Westchester Latinos Unidos and Dominican in Yonkers are grass roots efforts to bring an inclusive Dominican Festival event to the Westchester County's biggest town. The Dominican Festival is coming to Downtown Yonkers! On Saturday, August 26<sup>th</sup>, 2023 from 12:00PM to 6:00PM on Main Street between Riverdale Avenue and Buena Vista Avenue. The Dominican Festival will offer a festival with a range of activities, vendors, tasty treats, delicious beverages, workshops, entertainment, music, bouncy houses, and more. The Dominican Festival, with its interactive information stands, its events, and its music, will adorn the Downtown Yonkers community where the celebration will go on until late in the evening at all Dominican establishments throughout the downtown.

**VENDOR GUIDELINES:**

1. Vendors will be assigned a booth location. Locations are **NOT** negotiable.
2. Set-up starts at 10:00 AM, must be completed by 12:00 PM, and removed by 8:00PM.
3. No amplified sound of any sound.
4. **ALL VENDORS** must provide a copy of their **PHOTO ID**, and **NYS Vendor Certificate of Authority**.
5. If you are a **FOOD VENDOR** you must provide a copy of your **Westchester County Mobile Health Permit** or completed **Westchester County Food Service Application**.
6. If you're a **NON-PROFIT** you must provide a copy of your 501©3.
7. **DO NOT MAIL YOUR APPLICATION TO THE CITY OF YONKERS. ALL YONKERS VENDOR APPLICATIONS AND PERMITS WILL BE OBTAINED BY THE DOMINICAN FESTIVAL ON BEHALF OF ALL VENDORS.**
8. All Vendor Forms and Vendor Fees must be in the Westchester Latino Unidos Office by Friday, July 30<sup>th</sup>, 2023.



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## Applicant Information

NAME OF BUSINESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ATTENDEE'S NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ALL VENDORS MUST BRING THEIR OWN TABLES, CHAIRS AND TENTS. ALL VENDOR BOOTHS ARE 10X10. ALL FOOD VENDORS MUST HAVE TENT/CANOPY OVER FOOD. ALL TENTS MUST BE SECURED DOWN WITH SOME FORM OF WEIGHT.**

PLEASE CHOOSE ONE VENDOR CATEGORY:

- FOOD \$250                       ARTS & CRAFTS \$150  
 COMMERCIAL \$250               NOT-FOR-PROFIT \$80

*\*ALL VENDOR BOOTHS ARE SIZE 10X10. IF YOU HAVE A MOBILE TRUCK, YOU MUST TAKE TWO BOOTHS.*

NUMBER OF BOOTHS NEEDED: \_\_\_\_\_

DESCRIPTION OF MERCHANDISE/FOOD: \_\_\_\_\_

DO YOU HAVE A MOBILE TRUCK:  YES  NO      SIZE: \_\_\_\_\_

HAVE YOU INCLUDED:  PHOTO ID     CERTIFICATE OF AUTHORITY/501C3  
 COPY OF MOBILE HEALTH PERMIT/COMPLETED APP FOR WESTCHESTER COUNTY TEMPORARY HEALTH PERMIT

TOTAL AMOUNT DUE: \_\_\_\_\_ CHECK/M.O# \_\_\_\_\_

VENDOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL VENDOR FORMS AND FEES MUST BE IN THE WESTCHESTER LATINOS UNIDOS OFFICE BY JULY 15, 2023**



**CONSUMER  
PROTECTION  
BUREAU**

**CITY OF YONKERS  
OFF-STREET, SEASONAL FOOD VENDOR APPLICATION**  
87 Nepperhan Avenue, Room 212 • Yonkers, NY 10701  
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

**APPLICATION REQUIREMENTS**

Pursuant to the provisions of the City Code of Yonkers,  
All required documents must be submitted with the completed application.  
Missing items will result in the delay and/or denial of the application.

1. Application must be signed by the applicant before a Notary Public.
2. Two (2) Passport-sized Photographs taken within thirty (30) days of application date.
3. Valid Driver's License issued by the Department of Motor Vehicles.  
A NY State-issued, non-driver ID may be accepted for carts/additional employees.
4. NYS Certificate of Authority card issued by NYS Department of Taxation and Finance.  
NYS Dept. of Taxation: (518) 485-2889
5. Westchester County Health Permit.  
Westchester County Health Department: (914) 864-7330
6. Vehicle Registration used in the business operation (if applicable).
7. Proof of insurance for vehicle used in the business operation (if applicable).
8. Photograph of the truck, cart or trailer utilized with license.
9. Police Department Affidavit signed by the applicant before a Notary Public.  
If convicted of a felony & unable to complete affidavit; attach explanation.
10. NYS Liquor Authority issued Liquor License (If applicable)
11. For on-site cooking, an inspection by the Yonkers Fire Department may be required. Call (914) 377-7525 for information or to schedule an appointment.

**LICENSE FEES, TERMS AND EXPIRATION DATE**

Please check the license you are applying for:

1.  \$50.00 Daily License Fee. (#2—Passport Photos not required)
- \$150.00 License Fee. License expires 2 months from date of issuance.
- \$900.00 Annual License Fee.

Payable to the City of Yonkers; *Certified Business Check OR Money Order*

2. License fees are NON-REFUNDABLE.
3. Licenses are NON-TRANSFERABLE: they are assigned to ONE Truck/Cart & Applicant.  
Licensee must remain present with registered truck/cart/trailer at all times.  
Additional workers may assist at seasonal events.
4. The Seasonal license is valid at a specific, city-sanctioned Special Event for the dates listed.
5. Please note, the annual/seasonal license is valid at all Yonkers' Special Events.



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Name:	Social Security #:
Home Address:	
City:	State:                      Zip Code:
Phone/cell #: (     )                      -                      #:	
Date of Birth:     /     /                      Driver License State:	#:
E-mail:	

Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)
Name of Company:
DBA/Trade or Display Name:
Business Address:
City:    State:                      Zip Code:
Business Phone Number:                      Web address:
Your Title with Company:

You must list EACH additional owner, partner and officer involved with the company:  
 \*If none, initial here: \_\_\_\_\_

Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		

Mayor Mike Spano  
 Director Kerry O'Brien Hess



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**METHOD OF DISTRIBUTION:**

Truck; Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Cart/Trailer

**Type of food to be sold:**

**SEASONAL SPECIAL EVENT INFO:**

Special Event Name:

Location of Special Event:

Dates of Special Event: \_\_\_\_\_ -TO- \_\_\_\_\_

Organizer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true and that the photographs attached hereto were taken within thirty (30) days of the date of this application. I give my consent for the agency to conduct a background check to confirm any/all information provided herein.

Sworn and subscribed to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

Mayor Mike Spano  
Director Kerry O'Brien Hess



City of Yonkers  
POLICE DEPARTMENT  
104 South Broadway  
Yonkers, New York 10701  
(914) 377-7235

**Police Department Affidavit**

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) SS:  
CITY OF YONKERS )

I, \_\_\_\_\_  
APPLICANT'S NAME

Being duly sworn, depose and state that I am \_\_\_\_yrs of age, being born on the \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, in the City/Town/Village of \_\_\_\_\_, in the State of \_\_\_\_\_.

I presently reside at \_\_\_\_\_  
in the City/Town/Village \_\_\_\_\_ State of \_\_\_\_\_, with my \_\_\_\_\_.

I am presently employed as a \_\_\_\_\_,  
by \_\_\_\_\_.

I do hereby solemnly swear under oath that I have never been convicted of a felony, anywhere or at  
anytime.

I make this statement with full knowledge that if same is not the truth, I will be liable to the criminal charge  
of perjury for giving false information.

Applicant Signature & Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC