



Mardi Gras Productions

225 Broadway, Suite 1202
New York, NY 10007
Tel: (212) 809-4900

Office Hours: Monday thru Friday (9:30AM – 2:30PM)

2019 Membership Application

SEND IN **BEFORE** MARCH 31ST AND PAY ONLY **\$30.00**

AFTER MARCH 31ST FEE IS \$55.00

WE ACCEPT CASH, MONEY ORDER, VISA, MASTERCARD & DISCOVER CARD. **NO CHECKS!**

Existing Members: Enter last year's *Mardi Gras* membership card # _____

Name: (First) _____ (Last) _____

Company / Store Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Contact: (Cell) _____ (Other) _____

Description of the item you sell. (Only one item per application. **Be specific.**)

The 2019 Membership is only valid till 12-31-19

I authorize *Mardi Gras Productions*, to charge to my credit card/debit card provided herein.

I understand and agree that all events will take place rain or shine, and no refunds or changes will be made for any reason. I understand and agree all sales, cash or credit card are final. *Mardi Gras Productions* may change dates and/or locations when it is so mandated by The City of New York. I understand and agree with the *Mardi Gras Productions* "CREDIT CARD CANCELLATION POLICY" that absolutely no refunds or credits will be issued at any time, for any reason. I acknowledge that I am a member of *Mardi Gras Productions* vendor organization and that participation at *Mardi Gras Productions* events is restricted to members only and not open to the public. I read and do accept and will abide by the *Mardi Gras Productions* Festival Policy (a copy is posted at the offices of *Mardi Gras Productions* or can be obtained by mail or fax upon request).

NON-FOOD VENDORS: PLEASE SUBMIT A COPY OF YOUR **NYS CERTIFICATE OF AUTHORITY** (SALES TAX #) & YOUR **TEMPORARY STREET FAIR VENDOR PERMIT** ASAP.

FOOD VENDORS: PLEASE SUBMIT A COPY OF YOUR **FOOD PROTECTION CERTIFICATE** & YOUR **TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT (TFSE)** ASAP.

Email: **mardigras@nycstreetfairs.com** or Fax: **(212) 809-7345**

Cardholder Name: _____ Card Type: Visa MasterCard Discover

Credit Card #: _____ Exp. Date: _____

CVV #: _____ Billing Zip Code: _____ Billing Street #: _____

***A \$5.00 CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT CARD / DEBIT CARD SALES.**