



# Mardi Gras Productions

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

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

## 2021 Membership Application

SEND IN **BEFORE** MARCH 31<sup>ST</sup> AND PAY ONLY **\$30.00**

**\*AFTER MARCH 31<sup>ST</sup> FEE IS \$55.00\***

WE ACCEPT CASH, MONEY ORDER, VISA, MASTERCARD, AMEX & 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: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

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

**The 2021 Membership is only valid till 12-31-21**

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 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 email 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](mailto:mardigras@nycstreetfairs.com)**

Cardholder Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

CVV #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Billing Street #: \_\_\_\_\_

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