



**RONKONKOMA CHAMBER OF COMMERCE
MEMORIAL DAY WEEKEND FESTIVAL**
Sunday | May 28, 2023, | 11am – 6pm
On Hawkins Avenue between Portion Rd. & Wittridge Rd.



Dear Merchant/ Chamber Member,

The Ronkonkoma Chamber of Commerce will be conducting their Memorial Day Community Street Festival on Sunday, May 28, 2023. The public hours will be from 11AM-6PM (Rain or shine). This festival is designed to raise revenue for the Chamber while honoring and supporting our veterans.

Your participation is very important to us; therefore, we are offering the following incentive to all chamber members/non-members. Those wishing to participate can do so at the following reduced rental fees.

PAID CHAMBER MEMBERS: \$ 100.00 per 10' x 10' space # SPACES DESIRED _____

NON - CHAMBER MEMBERS: \$160.00 per 10' x 10' space # SPACES DESIRED _____

Application deadline is May 13, 2023

Note: Hawkins Avenue merchants located within the Fair will be assigned the space(s) directly in front of their location.

ATTENTION FOOD STORE OWNERS: The Suffolk County Health Department Services requires that you get a TEMPORARY STREET FAIR HEALTH DEPT. PERMIT for the festival. This is in addition to your regular Health Dept. Permit. Please contact the Health Department office at 631.853.6974 in order to obtain the necessary permit. You will not be able to participate until you have supplied Clearview with this permit before the festival.

Organization/Business Name: _____ Sales Tax Number _____

Contact: _____
 (Last) (First)

Address: _____
 (Street Name) (City, State, Zip)

Phone #: _____ - _____ - _____ Email: _____

Items for sale, promotion or distribution: _____

Have you participated at any event managed by Clearview Productions? Yes No (if yes) CLEARVIEW ID#: _____

CREDIT CARD #: _____ EXP. DATE: _____ CVV# _____ **VISA /MASTER ONLY**

I authorize Clearview to charge the above Credit Card for this Festival and clearly understand this is a **FINAL SALE**
NO Refunds, Cancellations, or Credits (There will be a Convenience Charge per Space Booked: **\$7.75**)

SIGNATURE: _____ PRINT NAME ON CARD: _____

SUBMIT APPLICATION WITH CREDIT CARD INFO VIA FAX TO **646-230-0718** or email info@clearviewfestival.com

Make Check (**30 days** prior to the event) OR MONEY ORDER PAYABLE TO:

CLEARVIEW PRODUCTIONS

630 Ninth Avenue Suite 417, New York, NY 10036