** THE BROADWAY MARKET**

 **A BUFFALO TRADITION SINCE 1888**

 **SEASONAL VENDOR OPTIONS 2014-2015 RATES QUOTED ARE FOR 10 X 10 SPACE**

Dear Prospective Vendor:

You are asked to carefully read the application and rules as they have changed from the 2013/2014 season. We hope that this experience will be as satisfying as in the past – as we move through the season we will work hard to make it a positive one.

The allocation of space is being handled in the following priority order:

Permanent Full Time and Part Time, Seasonal and Temporary.

Additionally, all requests for space will be made to maximize rental income – therefore, requests for space for Option One will receive a higher priority than a request for space for another option.

All vendors are responsible for obtaining and **must supply a copy** of proof of vendor’s General Liability Insurance listing the City of Buffalo, 920 City Hall, Buffalo, New York as additional insured and sign and submit the attached Indemnification and Insurance form in connection with the vendor’s operations at the Broadway Market; Vendor Permits (if required by City, County or State); Sales Tax Certification. **Vendors will not be allowed to open without this required documentation.**

Vendors must occupy the space for the days and times the market is open.

**All payments will be handled directly through the City of Buffalo’s Audit and Control Department. DO NOT SEND A CHECK IN WITH THIS APPLICATION. NO CHECKS WILL BE ACCEPTED AT THE MARKET MANAGEMENT OFFICE. Effective July 1, 2014, all vendors will be set up with a customer number through the City of Buffalo’s Audit and Control Department. Vendors will then receive an invoice. Checks are then mailed in to the City. Payment in full is required by March 20, 2015.**

**OPTION 1**- **$1,000 FIVE INVOICES FOR $200 EACH\_\_\_\_\_**

**Train Show –** Saturday, September 27, 2014

**Oktoberfest** – Saturday, October 18

**Halloween** Saturday, October 25

**November Saturdays** 11/1 & 11/ 8 **Wine Festival** - November 14 & 15

**Pre-Thanksgiving Shopping** – November 22

**Kriskindlemart** – Friday, November 28, Saturday, November 29, December 6, December 13, December 15 – December 24. (Including Sunday December 21)

**December Saturday** 12/28

**January Saturdays** – 1/3, 1/10, 1/17 (**Polka Day**), 1/24, 1/31

**February Saturdays** - 2/7, 2/14 (**Valentine’s Day**), 2/21, 2/28 **March Saturdays** 3/7, 3/14 **(St. Patrick’s Day)**

**Easter Festival** – Friday, March 20, 2015 – Saturday, April 04, 2015 (including Sunday March 22 and Sunday, March 29).

**Dyngus Day** – April 06, 2015 12:00 noon – 5:00 pm

If you select this option, you will be able to be open any other day during that period, if you desire at no extra charge. Each vendor is **allowed two absences**, if more are needed please see the office.

**OPTION 2 – Octoberfest/Wine Festival/ Thanksgiving/Christmas $450.00 One Invoice**

**Oktoberfest** Saturday October 18,

**Wine Festival** November 15 & 16,

**Pre-Thanksgiving Shopping** November 22,

**Kriskindlemart** Friday November 28, Saturday November 29, December 6, December 13, December 15- December 24 (including Sunday December 21)

You will be in the same location for the entire period\* and you will be able to leave goods at your location.

**Option 3 – Easter plus Dyngus Day $900.00 Two Invoices**

March 20, 2015 – April 04, 2015 including Sunday, March 22 and Sunday, March 29 and Dyngus Day, Monday, April 06, 2015 (closed Easter Sunday)

You will be in the same location for the entire period\* and you will be able to leave goods at your location.

**Option 4 - (2 Days) Wine Festival $100.00 One Invoice**

Friday, November 14 and Saturday, November 15, 2014

* **Your location may change if a new or existing permanent vendor requires the space.**

*If you* ***were not*** *a vendor during the most recent Easter Season, you* ***must*** *provide pictures of your products, a picture of your display or call the office to arrange for a review of your proposed products.*

**DO NOT SEND A CHECK IN WITH THIS APPLICATION**

**The Broadway Market will send ALL VENDOR CORRESPONDENCE VIA EMAIL WHEN POSSIBLE- please insure you have spelled your email address correctly.**

**SPACE ASSIGNMENTS**

We cannot assure that your space assignment will be the same as in past years. Certainly, we will make every attempt to place you at or near your former spot (if you let us know) but many of the floor spaces, dimensions and locations have changed. Broadway Market management reserves the right to assign space that best serves the needs of the entire market and the market customers. All decisions are final.

**IMPORTANT INFORMATION**

1. All vendor stands must be open and staffed at all times during the hours the market is open.

2. Option 1 includes three Sundays: December 21, 2014, March 22 and March 29, 2015.

3. Vendors must keep their stands attractive and clean. Garbage and recyclables must be disposed of promptly and should not be visible to customers.

4. All vendor merchandise must be contained within the footprint of the rented space. Utilization of adjoining or unused areas is prohibited unless the area has been reserved and paid for.

5. Display requirements to enhance the customer experience:

a. Unless a variation is approved in advance, all tables & displays must use either a white, black, green or red (burgundy) table cloth/skirting.

b. All vendors should plan to bring their own tables, chairs and any other equipment. You must advise us of your needs with your application.

c. Tenting, Tarps, Awnings, ARE NOT allowed.

d. Nothing may be hung, displayed or positioned that will block customer views. A clear field of

vision must be maintained from the 5’ to 8’ height.

6. All signage must be professional in look and appearance. Handwritten signs must be reviewed and approved prior to use.

7. Your space cannot be sublet.

8. You cannot bring materials or products that were not included (and approved) on your application.

There will be daily checks of your application and goods for sale and you must have sufficient product available throughout your stay. Violations could result in your removal from the market. **Certain products offered for sale by year-round vendors may be protected and not allowed for sale by temporary vendors**. See below.

9. Radios, TV’s, electronic speakers, megaphones or horns are not permitted.

10. All persons under 18 years of age must be supervised by an adult at all times.

11. The Broadway Market and its management are not responsible for the loss of product or injuries.

Vendors are responsible for their own security within their stands.

12. Loading docks are extremely busy – please use them and promptly move your vehicle. Vendor space is available throughout the garage.

13. NOTHING can be hung or affixed to Market walls without permission.

14. No solicitations or raffles without advance approval.

15. A $200 fine will be imposed for any violation of Market’s rules

**PROHIBITED PRODUCTS TO PROTECT PERMANENT TENANTS**

CHRUSCIKI BUTTER LAMBS

HORSERADISH HORSERADISH MUSTARD COCKTAIL SAUCE CHARLIE CHAPLIN CHOCOLATE DIPPED STRAWBERRIES CANNOLI

**SEASONAL VENDOR 2014/15 - APPLICATION FOR VENDOR SPACE**



MAILING ADDRESS: 999 BROADWAY, BUFFALO, NY 14212

PHONE: 716-893-0705 FAX: 716-851-5206

|  |  |
| --- | --- |
| BUSINESS NAME |  |
| VENDOR NAME(S) |  |
| STREET ADDRESS |  |
| CITY, STATE ZIPCODE |  |
| BUSINESS PHONE |  | CELL PHONE |  |
| FAX NUMBER |  |
|  |  |
| EMAIL1 |  | EMAIL 2 |  |

**VENDOR INFORMATION**: CHRISTMAS 2013 (yes) (no) EASTER 2014 (yes) (no) How Many Years Here \_

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**ALL PAYMENTS ARE NON-REFUNDABLE**

**DO YOU NEED ELECTRICITY**

 YES ( ) NO ( ) NO ( ) CORDS WILL NOT BE SUPPLIED

DO YOU HAVE ANY OTHER NEEDS: (Please specify)

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 **BUSINESS NAME:**

PLEASE RETURN THE ATTACHED CHECKLIST – CHECK YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** |  | **OFFICE****USE** |
|  |  | Completed application |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | List of products being sold |  |
|  |  |  |  |
|  |  | Pictures of products and display (if required) |  |
|  |  |  |  |
|  |  | Current general liability insurance certificateADDITIONAL INSURED MUST READ: ***City of Buffalo, 920 City Hall, Buffalo, NY York 14202*** |  |
|  |  |  |  |
|  |  | Copy - Health Inspection Certificate – if you are in the food business |  |
|  |  | Copy – Sales Tax Id Certificate |  |
|  |  | Copy – Business Certificate (filed with County or State) |  |
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|  |  | Electricity – Normal |  |
|  |  | Electricity – Cooking, refrigeration (May require additional charge) |  |
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|  |  | I request space #  |  |
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| **INITIAL BESIDES EACH ITEM and SIGN BELOW** |  |
|  |  |  |
|  | 1. I have read the application & rules and agree to abide by all managementdecisions. |  |
|  | 2. I understand and agree that I have sole responsibility for storage, loss, theft anddamage to my stand and its contents. |  |
|  | 3. I understand that the location of the stand is solely at the discretion of management and may be moved. I understand my tenancy can be canceled for violation of any rules or management request. |  |
|  | 4. I understand that Market management reserves the right during the entire tenancy to inspect products and to compel their removal for any reason. |  |
|  | 5. I understand that failure to follow the rules could result in substantial fines, payable before removing product from the Market. |  |

**Rent Amount:\_\_\_\_\_\_\_\_\_\_\_ PLEASE NOTE: PAYMENT IN FULL REQUIRED BY MARCH 20, 2015**

 **Payment Schedule(PLEASE CHECK ONE) 1 Invoice for full amount \_\_\_\_**

 **2 Invoices for 50%/invoice \_\_\_\_**

 **Option 1 only 5 Invoices for 20%/invoice \_\_\_\_**

 **Vendor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS NAME:**

**SPACE:**

**PRODUCT FOR APPROVAL**

Products must be approved in advance by the office.  **PLEASE BE SPECIFIC** – example: candy is not specific enough, plants is not specific enough etc. This list will be checked daily for compliance. Your adherence to the list will insure a smooth operation for everyone.

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| --- | --- | --- | --- | --- |
| **PRODUCT** | **DESCRIPTION – PHYSICAL AND UNIQUE CHARACTERISTCS** | **% OF YOUR TOTAL SALES** | **APPROVED** | **COMMENT** |
| **YES** | **NO** |
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ATTACH ADDITIONAL SHEETS IF NECESSARY