



2019 NEW YORK STATE FAIR NON-FAIR EVENT PROFILE / APPLICATION

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**COMPLETE ALL PAGES IN FULL • PLEASE TYPE OR PRINT
ALL HEADINGS IN BLUE MUST BE COMPLETED**

Rev. 2/12/2019

DATE OF APPLICATION: _____

ARE YOU A RETURNING EVENT / PROMOTER FROM 2018? Yes No

If yes, has there been any name and/or address change since the prior year? Name Address

1. BUSINESS INFORMATION	
Legal Business Name (as shown on your income tax return):	Taxpayer Identification # (TIN) - must match name given under "Legal Business Name": Social Security # _____ - _____ - _____ OR Employer ID # _____ - _____ - _____
Legal Business Address (as shown on your income tax return):	City, State, Zip
Mailing Address (if different than above):	City, State, Zip
Phone Number:	Cell Number:
Authorized Contract Signer (please print):	Signer Title:
Signer Phone Number:	Signer Email:
▶▶▶ Important Information will be sent to the signer email above — Please be sure to check it regularly! ◀◀◀	
Name of Manager (on site during event)(if applicable):	Manager Cell Number (if applicable):
Name of Your Event (as it will appear to the public)(if applicable):	
Event Website Address (as it will appear to the public)(if applicable):	
2. BUSINESS CHARACTERISTICS	
Business Entity Type – Please check appropriate box and provide additional information:	
<input type="checkbox"/> Corporation (including PC)	Date of Incorporation:
<input type="checkbox"/> Limited Liability Company (LLC or PLLC)	Date Organized:
<input type="checkbox"/> Limited Liability Partnership	Date of Registration:
<input type="checkbox"/> Limited Partnership	Date Established:
<input type="checkbox"/> General Partnership	Date Established: County (if formed in NYS):
<input type="checkbox"/> Sole/Individual Proprietor	How many years in business:
<input type="checkbox"/> Other (e.g. Government)	Date Established:
If Other, Explain:	
Is the Business Entity a Not For Profit Organization (501(c) status (please attach proof of 501 status)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Business Entity formed in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" indicate jurisdiction where Business Entity was formed:	
Is the Business Entity currently registered to do business in NYS with the Department of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Business Entity registered as a Sales Tax Vendor with the NYS Department of Taxation and Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" explain and provide detail, such as "not required", "application in process", or other reason for not being registered.	

3. FINANCIAL and ORGANIZATIONAL CAPACITY

Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments (not including UCC filings) filed against the Business Entity which remain undischarged or were unsatisfied for more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. TYPE OF EVENT (NEW EVENTS ONLY)

Please provide event history information for past two years.

Month/Year:

City:

Venue:

REFERENCES:

References must be from other facility operators.

1) _____

2) _____

3) _____

5. EVENT LOCATION

LOCATION(S) YOUR EVENT WILL BE USING:

Buildings:

- Art & Home Center
- Bistro Room (A&H)
- Demo Kitchen (A&H)
- Empire Theater (A&H)
- Martha Eddy Room (A&H)
- Empire Room (A&H)
- Center of Progress
- Chevy Court
- Coliseum

- Exhibit Center (Dairy Cattle)
- Exposition Center
- Horticulture Building
- International Building
- Science & Industry
- Youth Building

Bulk Outside Space:

- _____ sq. feet needed
- Belle Isle Parking Lot
 - Brown Parking Lot
 - Gray Parking Lot
 - Midway

Agriculture:

- Main Horse Barn
- DVM Barn
- 4H Arena
- 4H Youth Activity Ring
- 4H Barns (58-61) _____
- Annex Stalls
- Beef Barn
- Goat Barn
- Poultry Building
- Race Stable Barns

6. EVENT DATES

Requested Move-In Dates:

Requested Show Dates:

Requested Move-Out Dates:

7. EVENT DESCRIPTION (if applicable)

Estimated attendance (including exhibitors): _____

Will admission be charged?: Yes No

If yes, please provide planned pricing: _____

8. CERTIFICATION

The undersigned; recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies or political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination.

The undersigned certifies that he/she:

- Is knowledgeable about the submitting Business Entity's business and operations;
- Has read and understands all of the questions contained in the questionnaire;
- Has not altered the content of the question set in any manner;
- Has reviewed and/or supplied full and complete responses to each question;
- To the best of their knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments; if applicable;
- Understands that New York State will rely on information disclosed in this questionnaire when entering into a contract with the Business Entity; and
- Is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of the contract submission, and may be required to update the information at the request of the state's contracting entity or the Office of the State Comptroller prior to the approval of a contract, or during the term of the contract.

SIGNATURE OF APPLICANT _____ **DATE** _____

PLEASE RETURN YOUR ORIGINAL COMPLETED APPLICATION TO:

**BY MAIL: NEW YORK STATE FAIR • Attn: EVENTS DEPARTMENT
581 STATE FAIR BLVD. • SYRACUSE, NEW YORK 13209**

▶▶▶ APPLICATIONS CAN NOT BE FAXED OR EMAILED ◀◀◀