

Dates of service for this quote: 4/1/24-3/31/25

Due date: Ongoing



NYS Department of Agriculture & Markets 2024 Temporary Food, Beverage, & Catering Service Application

The New York State Department of Agriculture and Markets, Division of the New York State Fair (the "Department" or the "Fair") is accepting applications from food and beverage service vendors to provide temporary food, beverage, and/or catering services for non-fair shows or events held on the New York State Fairgrounds (Town of Geddes, Onondaga County, Syracuse, New York) where there is no permanent food facility, such as agricultural events and horse shows. The following facilities on the Fairgrounds have permanent food vendors and are not covered by this contract: Empire Room and Somerset Room in the Art & Home Center; the Exposition Center (main floor concessions only; catering is permitted); and the Center of Progress Restaurant. Temporary food, beverage, and/or catering services may include, if requested, the sale of beer, wine, and spirits.

These temporary food, beverage and catering services will not be required or permitted at the annual New York State Fair or Syracuse Nationals event, which must be applied for and licensed separately.

Temporary Food, Beverage, & Catering Service:

The Fair will maintain a list of licensed vendors authorized to provide temporary food, beverage, and/or catering services for non-fair shows and events ("Approved List"). Any promoter who requires temporary food, beverage, and/or catering services for their show or event may only use one or more vendors chosen from the Approved List to provide those services.

Each vendor on the Approved List must sign a contract with the Department and maintain General Liability Insurance, Liquor Liability Insurance (if applicable), Workers' Compensation Insurance, and Disability Insurance (sample contract is attached for reference). Vendors on the Approved List must also pay the Department twelve (12%) percent of the gross revenue, less New York State and Onondaga County sales taxes, from the sale of all food and alcoholic/non-alcoholic beverages.

After the promoter chooses a vendor(s) from the Approved List, the selected vendor(s) must submit a form with supporting documentation to the Fair identifying the service(s) provided for the show/event and the location where service(s) will be provided. Following the show/event, the selected vendor(s) from the Approved List must submit a form with supporting sales documentation to the Fair. The Fair will verify the sales data and invoice the vendor accordingly for the percentage payment due.

I AM INTERESTED IN PROVIDING (Check all that apply):

- Temporary Food and Beverage Services (Including Alcohol)
- Temporary Food and Beverage Services (Does Not Include Alcohol)
- Alcoholic Beverage Service Only
- Catering Services (Including Alcoholic Beverages)
- Catering Services (Does Not Include Alcoholic Beverages)

How Service Will Be Provided:

- I will provide service from my Mobile Food Truck/Trailer/Cart
- I will provide service from my portable Booth/Tent, Stand, Kiosk, etc.

Provide a brief, two to three sentence description of the types of food/beverage/catering items you can offer (promoters will receive this information):

BUSINESS INFORMATION

Legal Business/Individual's Name as listed with the IRS:

Federal ID/Social Security # as listed with the IRS:

Tax Form Attached

(must attach top portion only of most recent tax form filed with the IRS)

Legal Entity Address as listed with the IRS:	Phone Number:	Fax Number:
Email:	Website:	
Name of Primary Contact/Authorized Contract Signatory:	Phone Number of Primary Contact/Authorized Contract Signatory:	
Title of Primary Contact/Authorized Contract Signatory:	Email of Primary Contact/Authorized Contract Signatory:	

List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive), if applicable:

Type	Name	Federal ID # or Social Security #	State or County where filed	Status

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 Proprietor	How many years in business:
<input type="checkbox"/> Other	Date Established:

If Other, Explain:

Was the Business Entity formed in New York State? Yes No

If “No” indicate jurisdiction where Business Entity was formed:

Is the Business Entity currently registered to do business in New York State with the Department of State? Yes No
NOTE: Select “Not Required” if the Business Entity is a Sole Proprietor or General Partnership Not Required

If “No” explain why the Business Entity is not required to be registered in New York State?

Is the Business Entity registered as a Sales Tax Vendor with the New York State Department of Taxation and Finance? Yes No

If “No” explain and provide detail, such as “not required”, “application in process”, or other reason for not being registered.

Is the Business Entity publicly traded? Yes No

Does Applicant have a license or permit to sell alcoholic beverages, including beer, wine, and liquor issued by the New York State Liquor Authority?

Yes No

Does Applicant have the ability to obtain a temporary beer/wine/liquor license or permit with the NYS Liquor Authority in connection with temporary food, beverage, and/or catering service during the term of this engagement?

Yes No

REFERENCES:

Please provide references from two fairs, hobby or trade shows, or similar events where you provided temporary food, beverage, or catering services within the last three (3) calendar years preceding submission of your application.

REFERENCE #1	REFERENCE #2
Name:	Name:
Address:	Address:
Contact Person:	Contact Person:

Daytime Phone #:		Daytime Phone #:	
Email:		Email:	

AFFILIATES & JOINT VENTURE RELATIONSHIPS

Does the Business Entity have any Affiliates? <i>Attach additional pages if necessary.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Name	Affiliate Federal ID # or Social Security #	Affiliate's Primary Business Activity
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A if not applicable):		

CONTRACT HISTORY

Has the Business Entity held any contracts with New York State government entities (other than the New York State Fair/Industrial Exhibit Authority) in the last three (3) years? If "Yes" attach a list including the Contract Number, Agency Name, Contract Amount, Contract Dates and Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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INTEGRITY – CONTRACT BIDDING & AWARD

Within the past five (5) years has the Business Entity been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past five (5) years has the Business Entity been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL AND ORGANIZATIONAL CAPACITY

Within the past five (5) years, has the Business Entity or any Affiliates received a formal unsatisfactory performance assessment(s) from any government entity or any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments (not including UCC filings) over \$25,000 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

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** _____

Return the completed application via email to:
 Email: sfcontracts@agriculture.ny.gov