Clarissa Street Legacy is a community organization that springs back to life one of the most culturally vibrant neighborhoods in the City of Rochester with the Clarissa Street Reunion. Our annual Clarissa Street Reunion is one of the most anticipated events of the year, showcasing all that our community has to offer, and bringing back prior residents from near and far!  Besides the family atmosphere, one of the best aspects of the event is the vendors that participate. We encourage any vendors interested to partake in the celebration! To become a part of this annual historical event, complete the application and submit your deposit or pay in full. We will review your information and confirm your participation in the event.

If you have any questions, please contact Zuri Mitchell at info@clarissastreetlegacy.com

**2025 REGISTRATION FEES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CODE** | **EXHIBITOR/VENDOR TYPE** | **DESCRIPTION** | **Total Fees**  **Deadline**  **July 15th** | **Non-refundable deposit** | **Space Size** | **Electricity Fee**  **Deadline**  **July 15th** |
| **A** | Food Trucks  Carts | Meats, sides etc. | $300 | $150 | 30’X10’ | $40 |
| **B** | Limited Cooked  Deserts  Snack Foods | Pastries, snacks, drinks | $225 | $112.50 | 15’X10’ | $40 |
| **C** | Craft Exhibitor | Handmade products | $125 | $62.50 | 15’X10’ | $40 |
| **D** | Not-For-profit  Health Care Medical  Wellness | Information distribution and/or (non) selling | $75 | $37.50 | 15’X10’ | $40 |
| **E** | Business Resources  Solicitor | Large/Small Businesses | $75 | $37.50 | 15’X10’ | $40 |

**Non-refundable deposit due at the time of vendor application submission\***

Online payments available

**VENDOR APPLICATION BY MAIL**

**CONTACT INFORMATION**

Business Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booth Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*will be our primary method of correspondence with you unless you note otherwise\**

Business License #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business License State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monroe County Health and Safety Permit #

**Product/ Service Information**

Type of Product or Service

1. Food Trucks/ Carts
2. Limited cooked desserts/ snack foods
3. Crafts
4. Non-For-Profit/ Health Care/ Wellness
5. Business Resource Solicitor

**PRODUCT PRICE RANGE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of products or service description:** Be specific. Include brand names of products. Include a picture of your booth setup if you have one. You may attach additional information. If a product is not listed here, you will not be allowed to sell it. We do not guarantee product exclusivity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been a vendor with us before?

1. Yes
2. No

Clarissa Street resident?

1. Yes
2. No

Fuel Type ($40 charge, if applicable) **(propane, gasoline, sterno, etc)**

I hereby state that the above information is factual and truthful and hereby grant Clarissa Street Legacy permission to verify this information. Any information found to be fraudulent or deliberately misleading shall be grounds for dismissal of the applicant from consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vendor/Agent Title Date

**Payment Information**

Please remit checks to:

Clarissa Street Legacy

Attn: Zuri Mitchell

PO Box 24170

Rochester, NY 14624

Memo: Add vendor name

This application must accompany your check.