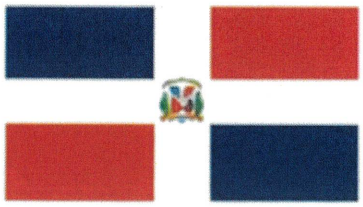
The 4th ANNUAL Yonkers
2026 Dominican Festival Vendor Application



Applicant Information

NAME OF BUSINESS: _____

CONTACT NAME: _____

ATTENDEE'S NAMES: _____

ADDRESS: _____

CITY STATE ZIP _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

ALL VENDORS MUST BRING THEIR OWN TABLES, CHAIRS AND TENTS. ALL VENDOR BOOTHS ARE 10X10. ALL FOOD VENDORS MUST HAVE TENT/CANOPY OVER FOOD. ALL TENTS MUST BE SECURED DOWN WITH SOME FORM OF WEIGHT.

PLEASE CHOOSE ONE VENDOR CATEGORY:

- ☐ FOOD $300
- ☐ PUBLIC SERVICES/INFORMATION BOOTHS $150
- ☐ ARTS & CRAFTS $200
- ☐ NOT-FOR-PROFIT $100

*ALL VENDOR BOOTHS ARE SIZE 10X10. IF YOU HAVE A MOBILE TRUCK, YOU MUST TAKE TWO BOOTHS.

NUMBER OF BOOTHS NEEDED: _____

DESCRIPTION OF MERCHANDISE/FOOD: _____

_____

DO YOU HAVE A MOBILE TRUCK: ☐ YES ☐ NO SIZE: _____

HAVE YOU INCLUDED:

- ☐ PHOTO ID
- ☐ CERTIFICATE OF AUTHORITY/501C3
- ☐ COPY OF MOBILE HEALTH PERMIT/COMPLETED APP FOR WESTCHESTER COUNTY TEMPORARY HEALTH PERMIT

TOTAL AMOUNT DUE: _____ CHECK/M.O# _____

VENDOR SIGNATURE: _____

DATE: _____

ALL VENDOR FORMS MUST BE IN THE WESTCHESTER LATINOS UNIDOS OFFICE BY JULY 30TH, 2026.

Westchester Latinos Unidos – 72 Radford Street, Suite #202, Yonkers, NY 10705
T: (914) 513-9548 Email: info@dominicaninyonkers.com

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**ALL PAYMENTS ARE NON-REFUNDABLE*

The following documentation is **REQUIRED** to secure your vendor spot.

ALL VENDORS MUST INCLUDE:

*NYS Vendor Certificate of Authority
*Photo ID
*Check or Money Order

Non-Profit's must provide a copy of 501c3

TO PAY BY CHECK OR MONEY ORDER, MAKE CHECK PAYABLE TO:

"Westchester Latinos Unidos"

MAIL TO:

WESTCHESTER LATINOS UNIDOS
Attn: Dominican Festival
72 Radford Street, Suite #202
Yonkers, NY 10705

ALL VENDORS MUST HAVE/INCLUDE:

*Mobile Health Permit
Or
*Completed Application for Westchester County Temporary Food Service

FOOD VENDORS Applying for Westchester County Temporary Health Permit:

Make Separate Payment Payable To:
"Westchester County Dept. of Health"
(In the amount of $85.00)

Zelle Payments Accepted
May be sent to: (914) 513-9548

Vendors MUST contact Marisol Mancebo at this number BEFORE sending payment to discuss application submission.

The City of Yonkers' Mayor Mike Spano,
Dominicans In Yonkers, & Westchester Latinos Unidos
Presents:

The 4th Annual Yonkers Dominican Festival

Saturday, August 22nd, 2026

3:00PM – 7:00PM

Dominicans In Yonkers and Westchester Latinos Unidos are grass roots efforts to bring an inclusive Dominican Festival event to the Westchester County's biggest town. The Dominican Festival is coming back to Downtown Yonkers! On Saturday, August 22nd, 2026 from 3:00PM to 7:00PM on Main Street between Riverdale Avenue and Buena Vista Avenue. The Dominican Festival will offer a festival with a range of activities, vendors, tasty treats, delicious beverages, workshops, entertainment, music, bouncy houses, and more. The Dominican Festival, with its interactive information stands, its events, and its music, will adorn the Downtown Yonkers community where the celebration will go on until late in the evening at all Dominican establishments throughout the downtown.

VENDOR GUIDELINES:

1. Vendors will be assigned a booth location. Locations are NOT negotiable.
2. Set-up starts at 11:00 AM, must be completed by 2:00 PM, and removed by 8:00PM.
3. No amplified sound of any sound.
4. ALL VENDORS must provide a copy of their PHOTO ID, and NYS Vendor Certificate of Authority.
5. If you are a FOOD VENDOR you must provide a copy of your Westchester County Mobile Health Permit or completed Westchester County Food Service Application.
6. If you're a NON-PROFIT you must provide a copy of your 501c3.

DO NOT MAIL YOUR APPLICATION TO THE CITY OF YONKERS. ALL YONKERS VENDOR APPLICATIONS AND PERMITS WILL BE OBTAINED BY THE DOMINICAN FESTIVAL ON BEHALF OF ALL VENDORS.

CONSUMER PROTECTION BUREAU

CITY OF YONKERS
DAILY VENDOR APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

APPLICATION REQUIREMENTS

Pursuant to the provisions of the City Code of Yonkers,
All required documents must be submitted with the completed application.
Missing items will result in the delay and/or denial of the application.

1. Application must be signed by the applicant.
2. Valid Driver's License issued by the Department of Motor Vehicles (required for trucks).
   A NY State-issued, non-driver ID may be accepted for carts/ stands/ additional employees.
3. NYS Certificate of Authority card issued by NYS Department of Taxation and Finance.
   NYS Dept. of Taxation: (518) 485-2889
4. Westchester County Health Permit (required for food).
   Westchester County Health Department: (914) 864-7330
5. Vehicle Registration used in the business operation (if applicable).
6. Proof of insurance for vehicle used in the business operation (if applicable).
7. Photograph of the truck, cart, trailer or stand utilized with license (if applicable).
8. Police Department Affidavit signed by the applicant.
   *If convicted of a felony & unable to complete affidavit; attach explanation.
9. NYS Liquor Authority issued Liquor License (If applicable).
10. For on-site cooking, an inspection by the Yonkers Fire Department is required. Call (914) 377-7525 for information or to schedule an appointment.
11. Workers' Compensation Ins. Cert., listing COY/CPB as certificate holder OR Exemption Form CE-200; 866-746-0552. (*Not required from Sole Proprietors with no employees.)

LICENSE FEES, TERMS AND EXPIRATION DATE

1. License fee is $50. per day.
   Payable to the City of Yonkers; *Certified Business Check OR Money Order*
2. License fees are NON-REFUNDABLE.
3. Licenses are NON-TRANSFERABLE: they are assigned to ONE Truck/Cart & Applicant.
   Licensee must remain present with registered truck/cart/trailer/stand at all times.
   Additional workers may assist licensee at special events (see Requirement #11 above).
4. The license is valid at a specific, city-sanctioned Special Event ONLY for the date listed.
5. Applications must be submitted at least 2 weeks prior to any Special Event. Any completed application submitted after the deadline date, may only be accepted with an additional, expedited application fee of $50. Since issuance cannot be guaranteed, the application fees will be refunded for any license that is not issued due to time constraints.

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914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

Name:		Social Security #:
Home Address:		
City:	State:	Zip Code:
Phone/cell #: ( ) -		
Date of Birth: / /	Driver License State:	#:
E-mail:		

Type of Ownership:	□ Individual	□ Partnership	□ LLC	□ Corporation □ Other (explain)
Name of Company:				
DBA/Trade or Display Name:				
Business Address:				
City:	State:	Zip Code:		
Business Phone Number:		Web address:		
Your Title with Company:				

You must list EACH additional owner, partner and officer involved with the company: *If none, initial here: _____		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		

Mayor Mike Spano
Director Kerry O'Brien Hess

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METHOD OF DISTRIBUTION:
□ Truck; Make/Model: _____ _____
License Plate: State _____ _____
□ Cart/Trailer □ Table/Stand □ Other _____
Type of food/goods/services offered: □ Food: _____
□ Electronics □ Furniture □ Household Items □ Cleaning/toiletries □ Jewelry □ Clothing
□ Arts/Crafts □ Storage Units □ Pamphlets/Info □ Other/Service: _____

SPECIAL EVENT INFO:	
Special Event Name:	
Location of Special Event:	
Date(s) Requested:	-TO-
Organizer Name:	Contact #:

I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true . I give my consent for the agency to conduct a background check to confirm any/all information provided herein.

_____ _____
Signature of Applicant Date

Mayor Mike Spano
Director Kerry O'Brien Hess

City of Yonkers
POLICE DEPARTMENT
104 South Broadway
Yonkers, New York 10701
(914) 377-7235

Police Department Affidavit

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) SS:
CITY OF YONKERS)

I,_____,
APPLICANT'S NAME

Being duly sworn, depose and state that I am ____yrs of age, being born on the ____day of_____,

_____, in the City/Town/Village of _____, in the State of _____.

I presently reside at _____,

in the City/Town/Village_____State of _____, with my_____.

I am presently employed as a _____,

by _____.

I do hereby solemnly swear under oath that I have never been convicted of a felony, anywhere or at anytime.

I make this statement with full knowledge that if same is not the truth, I will be liable to the criminal charge of perjury for giving false information.

_____ _____
Signature of Applicant Date