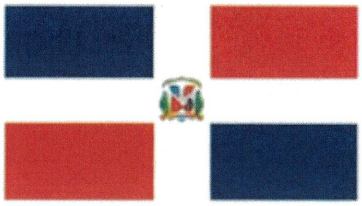
The 4th ANNUAL Yonkers
2026 Dominican Festival Vendor Application



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

The 4th ANNUAL Yonkers
2026 Dominican Festival Vendor Application

**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.

Mayor Mike Spano
Director Kerry O'Brien Hess

CONSUMER PROTECTION BUREAU

CITY OF YONKERS
DAILY VENDOR APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
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:		

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CITY OF YONKERS
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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

WESTCHESTER COUNTY

Kenneth W. Jenkins
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S
Commissioner

NOTICE TO APPLICANTS: TEMPORARY FOOD SERVICE OPERATION

According to provisions of the Westchester County Sanitary Code and New York State Sanitary Code requires that a permit be obtained from the Department **PRIOR TO** the operation of a Temporary Food Service Establishment. **Any temporary food service found operating without a valid permit shall be subject to closure and legal action with additional fines.**

To apply, you are required to file the following documents:

1. Application for a Temporary Food Service Permit

All questions must be answered and the application must be signed and dated. Please include your phone and email contact information.

2. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Renewal Application *must be* the same person named and authorized in the Certificate of Resolution. A corporate seal is not required. If your corporate officers have changed since you last filed your application, submit a list of names and addresses of the new corporate officers.

3. Application Fee

A **NON-REFUNDABLE** application fee for a Temporary Food Service is as follows:

If a complete application is received 5 or more business days in advance of the event, Total Due is **$105.00**
If a complete application is received less than 5 business days prior to the event, a **$85.00 late fee** is incurred, Total Due is **$190.00.**

Payment can be accepted in the form of Certified Check, Money Order, or Credit Card by using the enclosed Credit Card Authorization Form. Cash payments are **NOT** accepted.

Please make certified checks or money orders payable to:
WESTCHESTER COUNTY HEALTH DEPARTMENT

4. Handling Process for Food and Beverage Items

NO HOME COOKED OR PROCESSED FOODS PERMITTED

Complete this form with the food items that will be offered by the Temporary Food Service Operation. Only the foods listed on this form will be allowed.

(over)

Department of Health
11 Martine Avenue, 12th Floor
White Plains, NY 10606

Telephone: (914) 864-7330

5. Provide Workers' Compensation & Disability Insurance

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide the following forms to the government entity issuing the permit:

CE-200 -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. This form can be found at www.wcb.ny.gov
For technical support, contact 518-485-5000.

FOR WORKERS' COMPENSATION- ACORD FORM NOT ACCEPTED

C-105.2 -- Certificate of Workers' Compensation Insurance, **OR**
U-26.3-- State Insurance Fund; **OR**
SI-12 -- Certificate of Workers' Compensation Self-Insurance; **OR**
GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance

FOR DISABILITY BENEFITS

DB-120.1 -- Certificate of Disability Benefits Insurance; **OR**
DB-155 -- Certificate of Disability Benefits Self-Insurance

Any questions concerning the forms or procedure should be directed to the local NYS Workers' Compensation Board Office or the Bureau of Compliance, NYS Workers' Compensation Board at 877-632-4996.

Submit all required documents **PRIOR TO OPERATION** to:

Westchester County Health Department
Bureau of Public Health Protection
11 Martine Avenue, 12th Floor
White Plains, NY 10606
(914) 864-7330
DOH-BPHP@westchestercountyny.gov

Guidelines and Health Requirements for Temporary Food Service Operations

Temperature Control

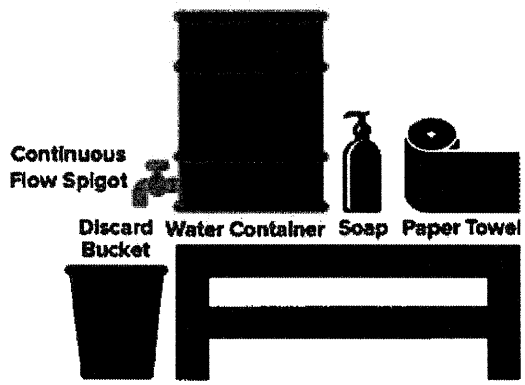
- **Cold holding** - potentially hazardous foods must be held at or below **45°F**.
- **Hot holding** - potentially hazardous foods must be held at or above **140°F**.

*During transport, proper hot/cold holding temperatures must also be maintained.

Cooking Temperatures

- Hamburgers, Sausages and other ground meats- **158°F** to ensure destruction of *E. Coli* and other harmful bacteria
- Poultry - **165°F** to ensure the destruction of *Salmonella* bacteria
- Pork - **150°F**

- All foods served must be prepared at the temporary food service operation or in a facility under permit. **HOME PREPARED FOODS ARE STRICTLY PROHIBITED.**
- **NO** bare hand contact with ready to eat food items. Workers must wear gloves and or use proper utensils.
- Smoking is prohibited in food areas.
- On-site food preparation should be limited to seasoning and cooking.
- All food must be kept covered while in holding or on display.
- All wastewater to be contained and disposed in a sanitary manner and not onto the surface of the ground.
- Food stand must be located near adequate toilet facilities; toilet facilities must provide running potable water, soap and disposable towels.
- Accurate 0-220°F metal stem probe thermometer **must be provided and used** to check cooking and hot/cold holding temperatures.
- Ice being used to chill foods cannot be used in beverages.
- Hand-washing facilities must be provided/available at each food service tent or booth and include clean water, soap and disposable towels.



WESTCHESTER COUNTY

Kenneth W. Jenkins
County Executive
Department of Health

Dr. Sherlita Amler, M.D., MS
Commissioner

TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Permit Fee: $85.00
Check (certified or business) or money order or credit card (form enclosed)

Please make checks or money orders payable to:
Westchester County Health Department

Completed application must be received no less than 5 days prior to the event or an additional $70.00 late fee will be assessed.

Contact Information

Name of Applicant/Business/Corporation: _____

Main Contact: _____ Email: _____

Mailing Address: _____ City: _____

_____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Alternative Contact: _____ Primary/Cell Phone: _____

Temporary Event Information

Name of Event: _____

Event Start Date: _____ Start Time: _____ Setup Time: _____

Event End Date: _____ End Time: _____

Event Location/Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Event Coordinator: _____ Primary/Cell Phone: _____

Email: _____

Commissary Agreement (If applicable)

Organizations or individuals requiring the use of an **off-site kitchen facility** must be reviewed and approved by the Department of Health.

I, _____ allow _____ to use _____

Restaurant owner *Applicant / Business* *Name of permitted FSE*

FSE Address: _____ City: _____ State: _____ Zip: _____

Permit #: _____ Date kitchen will be used: _____ Time of use: _____

Intended Use: Food Preparation ☐ Cooking ☐ Cooling Food ☐ Hot Holding ☐

Cold Holding ☐ Dry Storage ☐ Sanitizing ☐ Approved Water Source ☐

Waste Water Disposal ☐ Other: _____

By signing, the restaurant owner/permitted facility verifies that all food handling practices were/will be conducted in accordance with the NYS Subpart 14-1 Sanitary Code and Westchester County Sanitary Code Article V.

x_____

Facility and Operations Information

Transport Equipment: Ice chest ☐ Cambro boxes ☐ Refrigerated vehicle ☐

Other: _____

Hot Holding Equipment: Steam table ☐ Chafing dish ☐ Grill ☐

Other: _____

Cold Holding Equipment: Refrigerator ☐ Freezer ☐ Ice chest with freezer ☐

Other: _____

Food Storage: Approved Commissary ☐ Trailer ☐ Purchased day of event ☐

Other: _____

If TFSE is multiple days where and how will leftover foods be stored?

_____

_____

_____

_____

_____

Protection from Environmental Factors- describe how booth will be set up (overhead protection, floors, walls, lighting, how food will be protected from insects, dust, etc. during storage, display and service)

_____

_____

_____

Hand-wash Station- describe set up for hand wash station (portable hand wash sink, thermos with spigot, etc.)

_____

_____

_____

Equipment washing - describe where and how utensils will be washed onsite (will provide portable wash, rinse, sanitize stations/ provide extra utensils/ no washing required for operation/etc.)

_____

_____

_____

Wiping cloths: Sanitizing bucket with solution ☐ Disposable cloths ☐

Other: _____

Restroom Facilities- how many and what type of restrooms will be provided (portable toilets with hand wash stations, distance from event, etc.)?

_____

_____

_____

Water Supply: Public water ☐ Bottled water ☐ Other: _____

Continuous Electric power - describe how electricity will be provided (will it be provided overnight if event is more than one day)?

_____

_____

_____

Waste water disposal: how and where will waste water be disposed? (Dumping waste water in storm drains and or storm sewers is **not permitted**)

_____

_____

_____

Garbage Disposal: Provided by Event Coordinator ☐ Dumpster located on-site ☐

Will collect and haul away ☐ Other _____

In addition to completing the "Handling Process For Food and Beverage Items" form:

Shellfish (clams, oysters, mussels) being served: _____

Name of shipper, tag number: _____

Place of purchase: _____

Source of Ice: Bagged ☐ Brand: _____

Commercial ice machine ☐ Location of machine: _____

Other: _____

I agree to comply with applicable requirements of the Westchester County and New York State Sanitary Codes, not prepare any foods in a noncommercial facility or private home and I certify that I have read and agree to follow all requirements as stated in Health Requirements for Food Service Operations form WCTFSE-2014.

All persons handling food are to be free from infectious disease which can be transmitted by foods and are not to have infected cuts, sores, boils, or respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints to minimize hair contact with hands, food and food contact surfaces. All personnel handling food are to wash their hands with soap and water after using the toilet, smoking, eating or when soiled. Approved type food handlers gloves are to be worn when handling ready to eat foods. The Department of Health reserves the right to limit the type of foods to be served.

Authorized Signature: _____

Name: _____

Title: _____ Date: _____

Section 5 of the New York State Tax Law requires that you provide your Social Security number and/or Federal Employer Identification number for tax administration purposes:

S.S # _____ F.E.I # _____

☐ Number applied for, but not yet received

☐ Other, please explain _____

FOR OFFICE USE ONLY

Application: Approved _____ Denied _____ Date: _____

Signature: _____

HANDLING PROCESS FOR FOOD AND BEVERAGE ITEMS

LIST ALL MENU ITEMS, INCLUDING INGREDIENTS FOR EACH FOOD/BEVERAGE & SOURCE OF FOODS (use additional sheets if necessary)

HOME PREPARED FOODS ARE NOT PERMITTED

***Only the below listed food items are permitted to be served. Any changes MUST be approved prior to event.*

List complete menu & beverage items	Off-site preparation (Name of Restaurant if applicable) or Retail Source	How will food be transported to event (cold & hot transportation, type of containers used, etc.)	On-site food preparation: How will each menu item be prepped, cooked & assembled? (Washing, chopping, reheating, etc.)	Cooking Temperature (0-220°F **Thermometer required**)	How will food be held Hot or Cold? **Hot: 140°F or above Cold: 45°F or below**	How will each menu item be handled & served to public?

CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION

The undersigned, _____ of__

Name of Corporation_____, a corporation

Duly organized and validly existing under the laws of (State)_____

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the _____ day of_____20_____

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation_____

With Offices at:_____

Hereby authorized (Name if person authorized):_____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for :_____

To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate on this_____day of_____, 20_____.

OFFICER'S SIGNATURE:_____

TITLE: _____

Affix Corporate Seal

ACKNOWLEDGEMENT

STATE OF_____)

COUNTY OF_____): ss:

One this _____ day of _____, 20____, before me personally came_____ to me known, and known to me to be the _____ of _____ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____ of said corporation and that (s)he signed his/her name thereto.

_____

Notary Public

_____

County

WESTCHESTER COUNTY

Kenneth W. Jenkins
County Executive

Department of Health

Dr. Sherlita Amler, MD, MS
Commissioner

Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

Please Complete the Information Below

By signing below, I, _____, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of _____, for the fees associated with the permit to operate a regulated facility.

Facility Name	Permit # or Plan Submittal	Permit or Plan Fee

Account Type: ◯Visa ◯MasterCard ◯AMEX ◯Discover

Print Cardholder Name (as it appears on card): _____

Account Number: _____ Security Code: _____

Expiration Date: _____ Account Billing Zip Code: _____

CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.

Department of Health
11 Martine Avenue, 12th Floor
White Plains, NY 10606

Telephone: (914) 864-7330