



Newtown Youth & Family Services Holiday Market Vendor Application

Main Street, Newtown, CT

Sunday, December 6, 2026 | 11:00 am - 4:00 pm

41st Annual Holiday Festival Outdoors & Indoors - RAIN or SHINE

ARTS CRAFTS FOOD

Application due by October 1st or when space is filled

Business Name: _____ CT Sales Tax ID: _____
Contact Person: _____
Address: _____
Phone: _____ Email: _____
Website: _____
Social Media: _____

Description of Items to be Sold: (Include price ranges & photos). Vendors selling or serving food must have required permit from the Newtown Health Department. Permit and payment should be returned with this completed application. See Page 2 for details.

Vendor Fees:	Cost	Qty.	Total
Outdoors: 10' x 10'			
• Crafters & Artisans	\$90	_____	\$ _____
• Packaged Foods	\$90	_____	\$ _____
• Ready-to-Eat / Made to Order Snacks & Drinks	\$140	_____	\$ _____
• Food Trucks / Trailers / Pop-Up Kitchens	\$200	_____	\$ _____
Indoors: (8' x 8' Edmond gym - includes one 8' table & one chair)	\$120	_____	\$ _____

Payment: Must be submitted with application.

Check: Make payable to **Newtown Youth & Family Services** and mail to:
15 Berkshire Road, Sandy Hook, CT 06482 Attn: Susan Smith/Holiday Festival

Credit Card: Card #: _____ Exp. Date: _____

CVV: _____ Billing Zip Code: _____ Name on card: _____

Questions? Contact Susan Smith at (203) 270-4335 or
MarketVendors@NewtownYouthAndFamilyServices.org

All Holiday Festival proceeds benefit Newtown Youth & Family Services



Newtown Youth & Family Services *Holiday Market Vendor Application*

Outdoors & Indoors - RAIN or SHINE
Main Street, Newtown, CT

Sunday, December 6, 2026 | 11:00 am - 4:00 pm

General Information / Rules, Terms & Conditions

ELIGIBILITY AND SELECTION

NYFS will review applications, and preference will be given to locally made, handmade artisan work. Early applicants will be notified by email by August 1st. Those who apply later will be notified within one week of submission. Only original work may be displayed, and exhibitors must attend in person.

Misrepresentation, displaying unapproved items, or failing to follow rules will result in removal from the event and forfeiture of the space fee. Incomplete or unsigned applications will not be processed.

PAYMENT

Space fee must be paid in full and submitted with completed application. Payments will not be processed unless participation is approved. Payments can be made by credit card or by **check payable to: Newtown Youth & Family Services**. Mail or drop off to: NYFS, 15 Berkshire Road, Sandy Hook, CT 06482 Attn: **Susan Smith** Applications with credit card payments can be emailed to:

marketvendors@newtownyouthandfamilyservices.org

BOOTH SPACE

Outdoor booths - 10' x 10' on grassy areas between the sidewalk and street, with trees and street signs limiting vehicle access. Booths must fit within the space; outdoor exhibitors must provide tents, tables, chairs, and other equipment. Outdoor booths cannot be moved indoors on festival day. Approximately 60 spaces available.

Indoor booths - 8' x 8' inside Edmond Town Hall Gymnasium. 26 spaces available. Indoor exhibitors must provide tables, chairs, and other necessary equipment.

SET-UP/CLEAN-UP - Sunday, December 6, 2026

Set-up is from 8:00 am to 10:30 am.

Clean-up begins at 4:00 pm (indoors completed by 5:00 pm).

All exhibitors are responsible for cleaning their area and leaving the booth space free of rubbish and materials. No garbage should be left behind.

TEMPORARY FOOD PERMIT

Vendors selling or serving food must obtain the required permits from the Newtown Health Department, which will be on-site for inspections. The temporary food service license application must be completed, along with a \$50 check payable to the Newtown Health Department, and returned with the vendor application to Susan Smith at NYFS. For questions, contact the Health Department at (203) 270-4291.

CANCELLATIONS - EVENT IS RAIN OR SHINE!

Once an application is approved and email confirmation is sent, **fees are non-refundable**. Vendor cancellations and nonappearances will result in the forfeiture of fees.

The event is RAIN or SHINE. If the event is cancelled due to a state or local emergency order, health, safety, or weather concerns, vendors will receive a refund of their vendor fees, less a \$25 processing fee.

LIABILITY & INSURANCE

Newtown Youth & Family Services is not responsible for damage, theft, or loss of exhibitor property. Exhibitors agree to indemnify and hold harmless NYFS from any claims, injuries, damages, or losses.

GENERAL RELEASE AND ACCEPTANCE OF RULES

I have read and agree to abide by the event rules, conditions, and cancellation policy. I release Newtown Youth & Family Services from any liability for damage, injury, or loss arising from my participation. By signing, I confirm my intent to participate in good faith and understand that acceptance into the event forms a contract with all associated duties. I also give permission for the use of my name, images, and photos taken at the event for promotional purposes.

Applicant Signature

Date

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203)270-4291

www.newtown-ct.gov/health-district

NEWTOWN DISTRICT DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE LICENSE APPLICATION

FEE: \$50.00 per event

All vendors serving food and/or beverages to the public at temporary events are required to have a temporary food service license. Non-profit vendors that are tax exempt are not required to pay the application fee. To determine if your organization meets the criteria as a non-profit vendor please contact the Health District.

- Applications are **REQUIRED 14 DAYS PRIOR TO EVENT** to allow for adequate review
- **Please fill out the application completely and attach any necessary documents.**

NAME OF EVENT: _____

EVENT DATE(s) / TIME(s): _____ RAIN DATE: _____

LOCATION OF EVENT: _____

BUSINESS/ ORGANIZATION NAME: _____

BUSINESS / ORGANIZATION MAILING ADDRESS: _____

APPLICANT NAME: _____ PHONE: _____

EMAIL: _____

1. List all food items to be offered at the event (attach menu if available).

Food & Beverage Menu Items	Product Purchased at:

2. When will food be purchased? _____

3. Where will food be stored prior to event? _____

4. Describe how you will monitor food temperatures: _____

5. Where will food be prepared? Circle one: On- Site Kitchen Licensed Food Establishment

*Food items provided by another licensed food establishment *not* licensed by Newtown Health District, must provide a copy of their current food service license.

6. Describe how foods will be kept cold on-site and in transport (below 41 degrees F): _____

7. Describe how foods will be kept hot on-site and in transport (above 135 degrees F): _____

8. If offering hot foods, describe cooking procedures: _____

9a. Hand Washing Set Up:

9b. Hand Washing Accessories:

☐ Temporary Set up	☐ Hot / Cold Water, Soap, Papertowels
☐ Commercial Portable Hand Sink	☐ Waste Receptacle
☐ Available inside facility	☐ Other:

10. Location of employee toilets: _____

11. Sanitizer: Circle one: Chlorine (Bleach) - or- Quaternary (Test Strips must be available on-site)

Describe method of sanitizing: _____

12. How will wastewater and grease be stored and disposed of? _____

Type of Water Supply: ☐ Private Well, must submit current water analysis ☐ Public Water

**Food booth operators must keep on file a list of employees at event, tasks performed & time(s) worked.

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your food license. The undersigned has received a copy of the Temporary Food Service Guide and will have all food workers read the guide prior to working at the food booth.

REQUIRED DOCUMENT CHECK LIST:

- ☐ Water Analysis- *private well water only*
- ☐ Food Service License - if not licensed with Newtown Health District
- ☐ Copy of Certified Food Manager (Qualified Food Operaor) Certificate

Applicant Signature: _____ Date: _____

Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Application Approved By: _____ Date: _____