

Dates of service for this application:

4/1/2026-3/31/2027

Due date:

Ongoing



NYS Department of Agriculture & Markets 2026 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/or beverage service vendors to provide one or more of the temporary service options below.

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

- ☐ Temporary catering service for non-fair shows or events held throughout the year on the New York State Fairgrounds (Town of Geddes, Onondaga County, Syracuse, New York) where there is no contracted permanent food and beverage vendor including **(Check all that apply):**
 - ☐ food, non-alcoholic beverage, and alcoholic beverage service or
 - ☐ food and non-alcoholic beverage service only
- ☐ Temporary concession service for non-fair shows or events held throughout the year on the New York State Fairgrounds (Town of Geddes, Onondaga County, Syracuse, New York) where there is no contracted permanent food and beverage vendor including **(Check all that apply):**
 - ☐ food, non-alcoholic beverage, and alcoholic beverage service or
 - ☐ food and non-alcoholic beverage service only or
 - ☐ alcoholic beverage service only
- ☐ Temporary catering service for special events held in the Exposition Center or other venues as required during the 2026 Great New York State Fair held on the New York State Fairgrounds (Town of Geddes, Onondaga County, Syracuse, New York) including **(Check all that apply):**
 - ☐ food, non-alcoholic beverage, and alcoholic beverage service or
 - ☐ food and non-alcoholic beverage service only

Also indicate and check any of the following (if applicable):

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

Temporary catering service is defined as food, non-alcoholic beverages and/or alcoholic beverages (beer, wine, cider, and spirits) provided for a pre-determined number of patrons that includes a limited, pre-determined menu and a lump sum fee charged to the contracted event promoter/organizer. Temporary concessions service is defined as individual customers purchasing food, non-alcoholic beverages, and/or alcoholic beverages from a menu with listed prices and payment is collected from the customer at the point of sale.

The following facilities on the Fairgrounds currently have contracted permanent food and beverage vendors and are not covered by this contract: the Exposition Center main floor concessions only, and the Center of Progress Building. This contract is also not applicable to the annual Syracuse Nationals event held at the New York State Fairgrounds. Catering services in the Empire Room will only be permitted during the period of 4/1/2026 through 6/30/2026 and 9/8/2026 through 3/31/2027. A separate solicitation will be issued for catering services in the Empire Room for the period 7/1/2026 through 9/7/2026.

Temporary Food, Beverage, & Catering Service:

The Fair will maintain a list of licensed vendors authorized to provide the temporary service options listed above ("Approved List"). Any non-fair event promoter/organizer or fair-time special event organizer who requires one of the temporary service options listed above 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 provide the requisite proof of insurance, as indicated in Appendix D of the sample agreement, a copy of which 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.

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

Provide a brief, two to three sentence description of the type of items you can offer for service (event promoters/organizers will receive this information):

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BUSINESS INFORMATION	
Legal Business/Individual's Name as listed with the IRS:	Federal ID/Social Security # as listed with the IRS: *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:	
☐ Corporation (including PC)	Date of Incorporation:
☐ Limited Liability Company (LLC or PLLC)	Date Organized:
☐ Limited Liability Partnership	Date of Registration:
☐ Limited Partnership	Date Established:
☐ General Partnership	Date Established: County (if formed in NYS):
☐ Sole Proprietor	How many years in business:
☐ 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? <i>NOTE: Select “Not Required” if the Business Entity is a Sole Proprietor or General Partnership</i>	☐ Yes ☐ No ☐ 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, cider, and liquor issued by the New York State Liquor Authority?

☐ Yes ☐ No

Does Applicant have the ability to obtain a temporary beer/wine/cider/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>		☐ Yes ☐ 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.		☐ Yes ☐ No
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?		☐ Yes ☐ No
Within the past five (5) years has the Business Entity been suspended, cancelled or terminated for cause on any government contract?		☐ Yes ☐ 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?		☐ Yes ☐ 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?		☐ Yes ☐ 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?		☐ Yes ☐ 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 _____

PRINTED NAME OF APPLICANT _____

Return the completed application via email to:

Email: sfcontracts@agriculture.ny.gov