69th Annual
Allentown Art Festival (AAF)
Buffalo, New York
Saturday & Sunday, June 13th – 14th, 2026

Concessionaire's Application
(Attach additional Pages if needed)

I/We apply for consideration as a concessionaire for the 69th Annual Allentown Art Festival on June 13th & 14th, 2026. If accepted, I/We will abide by the rules for concessionaires made by the Allentown Art Festival, Inc., the City of Buffalo, and all other government agencies. I/We understand that failure to abide by these rules may result in expulsion from the Festival and the loss of fees paid. **I/We understand that the final selection of concessionaires is at the discretion of the Allentown Art Festival, Inc. I/We offer the following in support of this application:**

Name of Applicant: _____

Address: _____City_____St._____Zip_____

Telephone: (Cell) _____(Evenings) _____

Name of Contact Person: _____

Type of Organization (check all that apply):

_____ Individual
_____ Business Corporation
_____ Not-for-Profit
_____Allentown Community Member
_____ Religious
_____ Charitable
_____ Philanthropic
_____ Other (describe) _____

Source of Power: __ Generator __ Propane ___Other (list type)_____

*List ALL Food: _____

Price of food/beverage_____

Exact Booth Size: _____

Location of Concession (check one):

_____ Street Location to be determined by AAF

_____ Private Property, If on private property, where? _____

***Changes of any previously approved food or beverages must have prior approval by the AAF Concessions Committee.**

In consideration of your accepting my/our application in the year 2026 Allentown Art Festival, I/We agree to indemnify and hold harmless the Allentown Art Festival, Inc. and the City of Buffalo; their agents, servants, employees and Board members for all claims for concessionaire in the year 2026 Art Festival.

This application, if accepted, shall constitute the entire contract and the complete understanding between the applicant and the Allentown Art Festival Society, Inc. The laws of the state of New York shall govern the interpretation of the contract.

_____
Signature of Applicant or Corporate Applicant's Officer

Date _____

FOR AAF USE ONLY

Committee selected: _____

Date: _____

Concessionaire's Fees:

Allentown Art Festival $ _____

City of Buffalo $ _____

*Erie County Health Department $ _____

*Mobile Unit Number If Applicable _____

Total Due $ _____

Please make check or money order payable to Allentown Art Festival, Inc.

Send Applications and Payment to:

William Smith, Chairman of Concessions
20 Raven Court
Wheatfield, NY 14120