



# PAFCOM

PHILIPPINE AMERICAN FRIENDSHIP COMMUNITY, INC.

387 Fulton Avenue, Jersey City, NJ 07305

Website: [www.pafcomnj.org](http://www.pafcomnj.org) Email: [pafcomnj@gmail.com](mailto:pafcomnj@gmail.com) Tel.: 1-917-216-0343

Facebook: @pafcomnj Instagram: @pafcom\_nj



**Building Community Through Bridging Cultures and Embracing Diversity.**

## VENDOR BOOTH SPACE APPLICATION FORM

### BUSINESS/ ORGANIZATION INFORMATION

FULL NAME

E-MAIL ADDRESS

PHONE NUMBER

CELLPHONE NUMBER

BUSINESS/ ORGANIZATION

ADDRESS

### FESTIVAL SPACE OPTIONS

Please select from the available spaces and rentals.

<input type="radio"/> Food Booth (10 Feet x 10 Feet w/ 2 Tables & 2 Chairs)	<input type="radio"/> \$ 1,200
<input type="radio"/> Food Truck (10 Feet x 10 Feet)	<input type="radio"/> \$ 800
<input type="radio"/> Food Truck + Booth (20 Feet x 20 Feet w/ 2 Tables & 2 Chairs)	<input type="radio"/> \$ 1,600
<input type="radio"/> Non-Food Booth (10 Feet x 10 Feet w/ 1 Table & 2 Chairs)	<input type="radio"/> \$ 500
<input type="radio"/> Flea Market	<input type="radio"/> \$ 150
<input type="radio"/> Tent Rental (Number of Tents _____)	<input type="radio"/> \$ 350 (Total = _____)
<input type="radio"/> Table Rental (Number of Table _____)	<input type="radio"/> \$ 50 (Total = _____)

### FESTIVAL VENDOR REQUIREMENTS

- Payments:** All payments must be received by **June 1, 2026**. Payments may be made via Zelle ([pafcomnj@gmail.com](mailto:pafcomnj@gmail.com)) or by check payable to **PAFCOM**. Please mail checks along with the completed application form to **387 Fulton Avenue, Jersey City, NJ 07305**.
- \$200 Cleaning Deposit** :A **separate refundable check for \$200** is required upon registration. Failure to leave the booth area and vicinity clean/trash-free will result in forfeiture of this deposit. **(For Food Vendor only)**
- Permits:** It is the vendor's responsibility to obtain required Jersey City and Health permits.
- Exemption:** Only current Jersey City restaurant owners are exempt from the City permit requirement.

### AGREEMENT

By accepting, I acknowledge that I fully understand the requirements set forth by the Philippine American Friendship Community Incorporated (PAFCOM).

PRINTED NAME & SIGNATURE

DATE

For inquiries, please call/text PAFCOM Booth & Exhibit Chair **JUJO CONOL 917-915-7545** or President **SHIRAN YBANEZ 917-216-0343**.

Email us at: [pafcomnj@gmail.com](mailto:pafcomnj@gmail.com)

**Enjoy making a difference in your community; join the PAFCOM Family!**