L.I.A.R.S MODEL CAR CHALLENGE 2026

Sponsored by The Long Island Auto Replica Society

SATURDAY November 14, 9AM to 4PM

At the FREEPORT Recreation Center. 130 Merrick Road, Freeport NY. 11520

VENDOR APPLICATION

Vendor Setup time: 7:30 AM (must be ready for business by 9AM) **Table Rental**: $45 per 6 foot table. This includes the vendor and ONE assistant. Additional assistants are $5.00 per person. FULL PAYMENT must be received by **OCTOBER 1 .** No tables will be reserved without full payment. **Terms and conditions:**

1. There will be NO REFUNDS for any reason.
2. The vendor hereby releases the Long Island Auto Replica Society (L.I.A.R.S.) and the show location from any and all liability related to breakage, fire, or theft of any item or equipment at table, or items left in vehicle. Vendor hereby releases promotors from any and all liability from any injury incurred on show location property. Vendor also takes full responsibility for injuries to public or workers, caused by vendors equipment or merchandise.
3. Vendor agrees to keep tables set up until the end of the show, approximately 3:pm. We ask this to avoid excessive noise and distractions during the awards presentation. Please be courtious to others.
4. Please keep the type of merchandise related to the hobby. LIARS may refuse sale of any items deemed inappropriate.

VENDOR REGISTRATION FORM (please return this form with check or money order)

NAME_____ BUSINESS NAME (if applicable) _____

ADDRESS_____CITY_____STATE_____ZIP_____

EMAIL_____PHONE_____

List ITEMS / type, to be sold: _____

New York State Resale Tax # _____

For your own protection to participate you should have a certification to collect sales tax and should have it with you on the day of the show if you have one. This is for your own safety in case of an official inspection.

NUMBER of TABLES:_____ Additional Assistant(s)@ $5 each. _____ **TOTAL AMOUNT_____**

Full payment is due no later than October 1 If your payment is not received by this date, your space may be sold to another vendor. Should you not show up on the day of the show, payments will NOT be refunded.

Special requirements: (electricity, against wall, etc.) _____

I have read, understand, and agree to abide by all conditions as stated above

Signature_____Date_____

Please make checks payable to **Donnalee Seagraves (Treasurer) or Dominick Gerace (President)**

Check # _____ in the amount of _____

Payments can be made at a LIARS Club meeting, or you can mail to: Donnalee Seagraves 9 Farber Drive West Babylon, NY. 11704

For Additional information contact: Mike Saccente, Vendor coordinator: v855chevy@aol.com

Donnalee Seagraves; Treasurer: dleesea@ymail.com ,

Dominick Gerace: President: SUPERBIRD440@juno.com,

Website: https://www.longislandautoreplicasociety.com

Paul Drago: (last resort) pauldrago426@gmail.com

FORM: vendor contract_rev. 2026_version_4