ISLAMIC ORGANIZATION OF SOUTHERN TIER

Friday Vendor Permission Request Form

161 Grand Ave, Johnson City, NY 13790

This form is for vendors requesting permission to sell goods or services on the mosque premises on Fridays. Submission of this form does not guarantee approval.

Vendors may operate only after receiving authorization from IOST Administration

1. Vendor Information

Vendor / Business Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

2. Requested Friday(s)

Requested Date(s): _____

Requested Selling Time: From _____ To _____

3. Products / Services

Describe items or services you intend to sell:

_____

_____

_____

_____

_____

4. Vendor Setup (responsibility of vendor)

Setup requested (check all that apply): ☐ Table ☐ Tent/Canopy ☐ Food Truck/Trailer ☐ Vehicle ☐

Other:_____

Approximate space needed: _____

5. Vendor Fee

The fee for permission to sell on mosque property is provided as a donation to Masjid Al-Nur. Make checks payable to Islamic Organization of Southern Tier or IOST.

Donation Amount: _____ (☐ Cash or ☐ Check)

6. Vendor Agreement

- I will sell only the products/services approved by IOST and will conduct business in a respectful manner appropriate for mosque property.
- I will follow all instructions regarding parking, **setup location**, safety, traffic flow, cleanliness, and operating times.
- I am responsible for all licenses, permits, insurance, taxes, food-safety requirements, and other legal requirements applicable to my activity.
- I will keep my area clean and remove all trash, equipment, and merchandise immediately after the approved selling period.
- I understand that IOST may deny, revoke, or discontinue permission at any time if mosque policies, safety requirements, or community standards are not followed.
- I understand and acknowledge that I am responsible for any damages to property or injury to individuals resulting from the products or services I provide or sell.
- I understand that approval applies only to the date(s), times, products/services, and setup authorized by IOST.

7. Applicant Certification

By signing below, I certify that the information provided is accurate and agree to the conditions above.

Vendor/Applicant Name (print): _____

Signature: _____ **Date:** _____

Please submit your completed application either in person or via email to masjid.operations.iost@gmail.com

FOR IOST OFFICE USE ONLY

Decision	☐ Approved ☐ Denied ☐ Approved with Conditions
Approved Date(s) / Time(s)	
Conditions / Notes	
Authorized By / Date	