

Miami Broward ONE CARNIVAL Host Committee, Inc.

18425 NW 2<sup>nd</sup> Avenue, Suite 335  
Miami Gardens, Florida 33169  
305-653-1877/305-653-8528 (Fax)  
[info@miamibrowardcarnival.com](mailto:info@miamibrowardcarnival.com)

2017 CARNIVAL DAY CORPORATE VENDOR FORM AND AGREEMENT BOOTH # \_\_\_\_\_

**VENUE: MIAMI DADE FAIR & EXPO 10901 Coral Way, Miami, FL 33165**  
**Sunday October 8th, 2017. \* Please adhere to load in and load out policy. \***

COMPANY/ORGANIZATION: \_\_\_\_\_  
(Please Print)

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Suite/Apt. No.)

(City) (State) (Zip Code)

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Quantity of Spaces: \_\_\_\_\_ (Note: Buses, Trailers, Trucks or Vans must secure two or more spaces). Please Select:  
**Size and Cost: 10' X 20' for "\$2,500.00 \_\_\_\_\_ or 10' X 10' for \$1,500.00 \_\_\_\_\_**  
**Payment in the form of Cashier's Check or Money Order only, payable to MBOCHCI and mailed to the above address.**

Description of items to be promoted (must be completed for processing): \_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that Vendors, their agents and/or assigns shall indemnify, hold harmless and defend Miami Broward One Carnival Host Committee Inc. (MBOCHCI), its corporate sponsors, Miami-Dade County, the City of Miami and Miami Dade Fair & Exposition Inc. from all liability for loss, damage, or injury to any person or property in any manner arising out of or incident to this Vendor Agreement or the performance of its terms and provisions. Vendors shall be solely responsible for securing, at his sole cost, workers' compensation insurance, disability insurance, **liability insurance** and any other insurance as may be required by law. MBOCHCI may change the Carnival Venue, if necessary.

**MBOCHCI shall retain the sole rights for the sale of beer, alcoholic and nonalcoholic beverages on the premises. MBOCHCI, its designated security personnel or the Police Department shall have the authority to remove any Vendor from the Premises for unauthorized sale of alcoholic or nonalcoholic beverages. Corporate Vendors are prohibited from selling any beverages.** This application shall not be processed without full payment for the designated space(s). It is further understood and agreed that the space(s) listed below may not be available at the time of purchase and the undersigned shall accept the space(s) designated by MBOCHCI Vending Committee. No space(s) may be subleased at any time during the event.

The undersigned has read and understood the above and has agreed to adhere to the guidelines as stipulated in the MBOCHCI – VENDOR GUIDELINES AND AGREEMENT including load-in and load-out dates and times.

\_\_\_\_\_  
(Authorized Vendor Signature)

\_\_\_\_\_  
(Date)

**OFFICIAL RECEIPT – CORPORATE BOOTH SPACE # \_\_\_\_\_**

AMOUNT RECEIVED \$ \_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_ INSURANCE RECEIVED: \_\_\_\_\_

MBOCHCI REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_