

Miami Broward ONE CARNIVAL Host Committee Inc.

18425 NW 2nd Avenue, Suite 335
Miami Gardens, Florida 33169
305-653-1877/305-653-8528 (Fax)
info@miamibrowardcarnival.com

2017 CARNIVAL DAY FOOD 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: _____

Mailing Address: _____

(City) (State) (Zip Code)
Phone: () Email: _____

FOOD BOOTH PRICES:

MARCH 1st – JUNE 30th \$1200.00 *Early Bird* (FULL PAYMENT MUST BE RECEIVED BY JUNE 30th.)

JULY 1st - AUGUST 30th \$1500.00 (FULL PAYMENT MUST BE RECEIVED BY AUGUST 30TH.)

AUGUST 31st– OCT 4th, \$2,000

ABSOLUTELY NO SALE OF BOOTHS AFTER OCTOBER 4th

NO SPACE IS GUARANTEED UNTIL PAYMENT IS MADE IN FULL. BOOTH PAYMENT IS NON REFUNDABLE.

Payment by Cashier's Checks or Money Orders only, payable to MBOCHCI and mail to the above address.

Quantity of Space (size is 10' x 10') : _____ (Buses; Trailers, Trucks or Vans must secure two or more spaces).

Description of items to be sold (must be completed for processing): _____

Indicate 3 spots in order of preference: (1) _____ (2) _____ (3) _____

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. Vendor shall be solely responsible for securing, at his sole cost, workers' compensation insurance, disability benefits 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. Vendor who obtains permission from MBOCHCI will be permitted to sell nonalcoholic homemade tropical beverages which must be served in plastic or foam cups only. The sale of water is strictly prohibited.

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.

(Authorized Vendor Signature) (Date)

OFFICIAL RECEIPT – FOOD BOOTH SPACE # _____

AMOUNT RECEIVED \$ _____ PAYMENT TYPE _____ INSURANCE RECEIVED _____

MBOCHCI REPRESENTATIVE _____ Date _____