

Miami Broward ONE CARNIVAL Host Committee Inc.  
18425 NW 2<sup>nd</sup> Avenue, Suite 435 Miami Gardens, Florida 33169  
305-653-1877/305-653-8528 (Fax) [info@miamibrowardcarnival.com](mailto:info@miamibrowardcarnival.com)

## 2019 PANORAMA FRIDAY FOOD TRUCK VENDOR APPLICATION

VENUE: CENTRAL BROWARD REGIONAL PARK, 3800 NW 11<sup>th</sup> Place, Lauderdale, Florida, 33311  
FRIDAY, October 11, 2019. \* **Please adhere to load in and load out policy.** \*

COMPANY/ORGANIZATION: \_\_\_\_\_

(Please Print)

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

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

Quantity of Space – Space for one truck.

Description of items to be sold (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, Broward County, the City of Lauderdale, and the Central Broward Regional Park 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 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.

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 \_\_\_\_\_