

Miami Broward ONE CARNIVAL Host Committee Inc.

18425 NW 2nd Avenue, Suite 435
Miami Gardens, Florida 33169
305-653-1877/305-653-8528 (Fax)
info@miamibrowardcarnival.com

2019 CARNIVAL DAY FOOD TRUCK VENDOR FORM AND AGREEMENT BOOTH # _____

VENUE: MIAMI DADE FAIR & EXPO 10901 Coral Way, Miami, FL 33165

SUNDAY, October 13, 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: _____

FOOD TRUCK PRICES: ABSOLUTELY NO STYROFOAM PLATES, CUPS OR CONTAINERS

FEBRUARY 1 to MARCH 31, 2019 - \$1,600.00 *Early Bird* (FULL PAYMENT MUST BE RECEIVED BY MARCH 31, 2019)

APRIL 1 – JULY 31, 2019 - \$2,100.00

AUGUST 1 to OCTOBER 7, 2019 - \$3,100

ABSOLUTELY NO SALE OF SPACE AFTER OCTOBER 7, 2019. ADD \$250 REFUNDABLE SECURITY BOND.

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

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

Quantity of Spaces (size is 20' x 20') : _____ (up to a 20' X 20" space).

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 and water 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, or water.

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 _____