

Miami Broward ONE CARNIVAL Host Committee Inc.

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Miami Gardens, Florida 33169
305-653-1877/305-653-8528 (Fax)
info@miamibrowardcarnival.com

2019 PANORAMA FRIDAY FOOD VENDOR APPLICATION BOOTH # _____

**VENUE: CENTRAL BROWARD REGIONAL PARK, 3800 NW 11th 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: _____

FOOD BOOTH PRICES:

FEBRUARY 1 to MARCH 31, 2019 - \$500 *Early Bird* (FULL PAYMENT MUST BE RECEIVED BY MARCH 31, 2019)

APRIL 1 to JULY 31, 2019 - \$700

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

ABSOLUTELY NO SALE OF BOOTHS AFTER MONDAY, OCTOBER 7, 2019.

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 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, 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 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 and 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 _____