**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](mailto:info@miamibrowardcarnival.com)

2020 CARNIVAL DAY CRAFT VENDOR FORM AND AGREEMENT BOOTH #

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

**SUNDAY, October 13, 2020. \*** Please adhere to load in and load out policy**. \***

**COMPANY/ORGANIZATION**:

**(Please Print)**

**Contact Person/Title**:

**Address**:

**(City) (State) (Zip Code)**

**Phone**: ( ) **Email**:

**CRAFT BOOTH PRICES:**

**FEBRUARY 1 to MARCH 31, 2020 - $500. *Early Bird* (FULL PAYMENT MUST BE RECEIVED BY MARCH 31, 2020)**

**APRIL 1 to JULY 31, 2020 - $700**

**AUGUST 1 to OCTOBER 5, 2020 - $1,000**

**ABSOLUTELY NO SALE OF BOOTHS AFTER MONDAY, OCTOBER 5, 2020.**

**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.***

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. Vendors shall be solely responsible for securing, at their 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 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.

**Absolutely no vendors with merchandise for sale will be allowed through patrons’ gates.**

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.

**(Signature) (Date)**

**OFFICIAL RECEIPT – CRAFT BOOTH SPACE #**

AMOUNT RECEIVED $ PAYMENT TYPE INSURANCE RECEIVED

MBOCHCI REPRESENTATIVE Date