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

2020 CARNIVAL DAY CRAFT VENDOR FORM AND AGREEMENT BOOTH #_____

VENUE: MIAMI DADE FAI SUNDAY, October 13, 2020.		• '	
COMPANY/ORGANIZATION:			
Contact Person/Title:	(Please Print)		
Contact I cison/ Inte.			
Address:			
(City)	(State)	(Zip	Code)
Phone: ()	Email <u>:</u>		
APRIL 1 to JULY 31, 2020 - \$700 AUGUST 1 to OCTOBER 5, 2020 - ABSOLUTELY NO SALE OF BOO NO SPACE IS GUARANTEED UN Payment by Cashier's Checks or Mod Description of items to be sold (must be c	OTHS AFTER MONDAY, OCT TIL PAYMENT IS MADE IN I ney Orders <u>only</u> , payable to MBO	FULL. BOOTH PAYS OCHCI and mailed or d	
Indicate 3 spots in order of preference: (1)	(2)	(3)
Committee Inc. (MBOCHCI), its corporate for loss, damage, or injury to any person of and provisions. Vendors shall be solely rinsurance and any other insurance as may MBOCHCI shall retain the sole rights designated security personnel or the Posale of alcoholic or nonalcoholic bevera. This application shall not be processed we below may not be available at the time of space(s) may be subleased at any time dur. Absolutely no vendors wi	e sponsors, Miami-Dade County, the C r property in any manner arising out of esponsible for securing, at their sole be required by law. MBOCHCI may for the sale of beer, alcoholic and no lice Department shall have the aut ges and water. ithout full payment for the designate purchase and the undersigned shall a ing the event.	City of Miami and Miami Dof or incident to this Vendo cost, workers' compensaty change the Carnival Vendo conalcoholic beverages and hority to remove any Vendo space(s). It is further unaccept the space(s) designate will be allowed	nd water on the premises. MBOCHCI, its ndor from the Premises for unauthorized aderstood and agreed that the space(s) listed ted by MBOCHCI Vending Committee. Note that the space is the committee of the patrons and through patrons are gates.
The undersigned has read and understo GUIDELINES AND AGREEMENT.	od the above and has agreed to ad	here to the guidelines as	s stipulated in the MBOCHCI –VENDOR
(Signature)		(Date)	
OFFICIAL R	ECEIPT – CRAFT BO	OTH SPACE #	<u> </u>
AMOUNT RECEIVED \$	PAYMENT TYPE	INSURAN	CE RECEIVED

Date__

MBOCHCI REPRESENTATIVE