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 FOOD VENDOR FORM AND AGREEMENT BOOTH

VENUE: MIAMI DADE FAIR & EXPO 10901 Coral Way, Miami, FL 33165 SUNDAY, October 11, 2020. * Please adhere to load in and load out policy. *			
Contact Person/Title:	,	ease Print	
Mailing Address:			
(City)	(State)		(Zip Code)
Phone: ()	Email	<u>.</u>	
NO SPACE IS GUARANTEED UNTI Payment by Cashier's Checks on A \$250.00 refundable Security Depo Quantity of Spaces (size is 10' x 10'):_ Description of items to be sold (must be	HS AFTER OCTOBER 5, 2020. AD IL PAYMENT IS MADE IN FULL of Money Orders only, payable osit will be required for all vendo (Buses; Trailers, Trucks or completed for processing):	to MBO ors. Vans must s	
Indicate 3 spots in order of preference: ((1)(2)	2)	(3)
Committee Inc. (MBOCHCI), its corpora for loss, damage, or injury to any person and provisions. Vendor shall be solely liability insurance and any other insuran MBOCHCI shall retain the sole rights for designated security personnel or the Pol alcoholic, nonalcoholic beverages or wat This application shall not be processed below may not be available at the time of	ate sponsors, Miami-Dade County, the or property in any manner arising ou responsible for securing, at their solute as may be required by law. MBO for the sale of beer, alcoholic and not lice Department shall have the authoriter. without full payment for the designation of purchase and the undersigned shall aring the event. The undersigned has	e City of M t of or incide le cost, wo CHCI may nalcoholic ority to ren ted space(all accept the read and un	nold harmless and defend Miami Broward One Carnival Host liami and Miami Dade Fair & Exposition, Inc. from all liability dent to this Vendor Agreement or the performance of its terms or kers' compensation insurance, disability benefits insurance, or change the Carnival Venue, if necessary. beverages, including water, on the premises. MBOCHCI, its nove any Vendor from the Premises for unauthorized sale of solutions. It is further understood and agreed that the space(s) listed to space(s) designated by MBOCHCI Vending Committee. No inderstood the above and has agreed to adhere to the guidelines
(Authorized Vendor Signature)			(Date)
OFFICIAL F	RECEIPT – FOOD BOOT	H SPA	CE#
AMOUNT RECEIVED \$	PAYMENT TYPE		INSURANCE RECEIVED
MBOCHCI REPRESENTATIVE_			Date