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 JUNIOR CARNIVAL CRAFT VENDOR FORM AND AGREEMENT

VENUE: CENTRAL BROWARD REGIONAL PARK, 3800 NW 11th Place, Lauderhill, Florida, 33311 SATURDAY, October 3, 2020. * Please adhere to load in and load out policy. *

COMPANY/ORGANIZATION:	(Please Print)		
Contact Person/Title:	,		
Address:			
Addi ess.			
(City)	(State)		(Zip Code)
Phone: ()	Email <u>:</u>		
CRAFT BOOTH PRICES: FEBRUARY 1 to MARCH 31, 2020 - \$3 ALRIL 1 to SEPTEMBER 30, 2020 - \$4 ABSOLUTELY NO SALE OF BOOTH NO SPACE IS GUARANTEED UNTIL Payment by Cashier's Checks or I Description of items to be sold (must be co	00 S AFTER SEPTEMBER 30, 2020 PAYMENT IS MADE IN FULL. Money Orders <u>only</u> , payable t	BOOTH PAYMEN to MBOCHCI and	TS ARE NON REFUNDABLE. If mailed to the above address.
Indicate 3 spots in order of preference: (1)	(2)	(3)
Committee Inc. (MBOCHCI), its corporate all liability for loss, damage, or injury to a of its terms and provisions. Vendor shall be liability insurance and any other insurance MBOCHCI shall retain the sole rights a designated security personnel or the Posale of beer, alcoholic or nonalcoholic be 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	the sponsors, Broward county, the Cinny person or property in any manner of solely responsible for securing, at the as may be required by law. MBO for the sale of beer, alcoholic and lice Department shall have the auxerages and water it it is thout full payment for the designat purchase and the undersigned shalling the event.	ty of Lauderhill and the arising out of or incident their sole cost, worked CHCI may change the nonalcoholic beverage thority to remove an ed space(s). It is furth accept the space(s) de	as and defend Miami Broward One Carnival the Central Broward Regional Park Broward Ident to this Vendor Agreement or the performers' compensation insurance, disability insurfactorial Venue, if necessary. The Carnival Venue in the Premises MBOCHCI The Vendor from the Premises for unauthout a serious distribution of the MBOCHCI Vending Committee are as stipulated in the MBOCHCI –VEN
(Signature)		(Date)	
OFFICIAL R	ECEIPT – CRAFT BO	OOTH SPAC	E #
AMOUNT RECEIVED \$	PAYMENT TYPE	INSUR	RANCE RECEIVED
MBOCHCI REPRESENTATIVE		Date	