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 J'OUVERT CRAFT VENDOR FORM AND AGREEMENT

COMPANY/ORGANIZATION:		
(Please Print) Contact Person/Title:		
Address:(Street)	(Suite/Apt. No.	
(City)	(State)	(Zip Code)
Phone: ()		
Quantity of Spaces (size is 10' x 10'): Payment by Cashier's Checks or Money Description of items to be sold (must be	PAYMENT IS MADE IN FULL (Buses, Trailers, Truc Orders only, payable to MBOCHO De completed for processing):	R 5, 2020. L. BOOTH PAYMENTS ARE NON REFUNDABLE. ks or Vans must secure two or more spaces). El and mailed or delivered to the above address. Indemnify, hold harmless and defend Miami Broward On
Carnival Host Committee Inc. (MBOCH Commissioners and the City of Lauderhill out of or incident to this Vendor Agreem securing, at their sole cost, workers' comprequired by law. MBOCHCI may change the Carnival Ven MBOCHCI shall retain the sole rights MBOCHCI, its designated security pers Premises for unauthorized sale of beer, space(s) listed below may not be available. Vending Committee. No space(s) may be	ACI), its corporate sponsors, Cen from all liability for loss, damage tent or the performance of its term ensation insurance, disability insurvue, if necessary. for the sale of beer, alcoholic and connel or the Police Department salcoholic or nonalcoholic beverage at the time of purchase and the under subleased at any time during the events.	tral Broward Regional Park, Broward Board of Country or injury to any person or property in any manner arising and provisions. Vendors shall be solely responsible for ance, liability insurance and any other insurance as may be and nonalcoholic beverages and water on the premises shall have the authority to remove any Vendor from the ges and water. It is further understood and agreed that the presigned shall accept the space(s) designated by MBOCHC
(Authorized Vendor Signature)		(Date)
OFFICIAL RE	CEIPT – CRAFT BOOTH	SPACE #

Date

MBOCHCI REPRESENTATIVE _____