

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 FOOD VENDOR FORM AND AGREEMENT # _____

VENUE: Central Broward Regional Park – 3700 NW 11th PL Lauderhill, FL 33311

Saturday, October 10, 2020. *Please adhere to load in and load out policy.*

COMPANY/ORGANIZATION: _____

(Please Print)

Contact Person/Title: _____

Address: _____

(Street)

(Suite/Apt. No.)

(City)

(State)

(Zip Code)

Phone: () _____ Email: _____

FOOD BOOTH PRICES:

February 1 to March 31, 2020 - \$650 *Early bird* FULL PAYMENT MUST BE RECEIVED BY MARCH 31, 2020

April 1 to July 31, 2020 - \$750

August 1 to October 5, 2020 - \$850

NO SPACE IS GUARANTEED UNTIL PAYMENT IS MADE IN FULL. BOOTH PAYMENTS ARE NON REFUNDABLE.

ABSOLUTELY NO SALE OF BOOTHS AFTER WEDNESDAY, OCTOBER 5, 2020.

Payment by Cashier's Checks or Money Orders only, payable to MBOCHCI and mailed or delivered to above address.

Quantity of Space (Size 10 x 10): _____ (Note: Buses, Trucks, Trailers, Vans must secure two or more spaces)

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, Central Broward Regional Park, Broward Board of County Commissioners and the City of Lauderhill 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. Vendor shall be solely responsible for securing, at their sole cost, workers' compensation insurance, disability benefits 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, 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 beer, alcoholic or nonalcoholic beverages, or 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.

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.

(Authorized Vendor Signature)

(Date)

OFFICIAL RECEIPT – FOOD BOOTH SPACE # _____

AMOUNT RECEIVED \$ _____ PAYMENT TYPE _____ INSURANCE RECEIVED _____

MBOCHCI REPRESENTATIVE _____ Date _____