## Miami Broward ONE CARNIVAL Host Committee Inc. 18425 NW 2<sup>nd</sup> Avenue, Suite 435, Miami Gardens, Florida 33169 305-653-1877/305-653-8528 (Fax)

info@miamicarnival.org

## 2024 PANORAMA FRIDAY FOOD TRUCK VENDOR APPLICATION BOOTH #\_\_\_\_\_

VENUE: TBA - FRIDAY, October 11, 2024. * Please adhere to load in and load out policy. *		
COMPANY/ORGANIZATION:		
Contact Person/Title:	(Please Pr	rint)
Address:		
(City)	(State)	(Zip Code)
Phone: ()	Email <u>:</u>	
JANUARY 1 to MARCH 31, 2024 - \$600 APRIL 1 to SEPTEMBER 30, 2024 - \$75 ABSOLUTELY NO SALE OF BOOTHS OUNTIL PAYMENT IS MADE IN FULL. An additional tent will be provided at a A mandatory environmental fee of \$200	AFTER FRIDAY, SEPTEM BOOTH PAYMENTS ARE cost of \$100; advance notice per vendor will be charged ey Orders only, payable to	e is required. d. o MBOCHCI and mailed or delivered to the above
Quantity of Space (size is 10' x 20'):	( Buses; Trailers, Trucks or	
Broward One Carnival Host Committee ENTITIES AS REQUIRED) from all liability out of or incident to this Vendor Agree responsible for securing, at his sole country and any other insurance as may be required expected and any other insurance as may be required expected and agreed that the space(s) shall accept the space(s) designated by during the event. Vendor space(s) is and all sales are considered final. no state event, venue location and layout a beer, alcoholic and nonalcoholic bevirmmediate removal by the Police, and	ty for loss, damage, or injurement or the performance of the performan	ins shall indemnify, hold harmless and defend Miamis reporate sponsors, (PLUS VENUE & ADDITIONAL by to any person or property in any manner arising of its terms and provisions. Vendor shall be solely insurance, disability insurance, liability insurance eserves the right to change the Carnival Venue, it because the right to change the Carnival Venue, it because the time of purchase and the undersigned mittee. No space(s) may be subleased at any time for the designated, and non-refundable, antil payment is made in full. given the nature of OCHCI shall retain the sole rights for the sale of and all of our Events. Violators are subject to seed to adhere to the guidelines as stipulated in the (Date)
(Authorized Vendor Signature)		(Date)
OFFICIAL RECEI	PT – FOOD TRUCK B	OOTH SPACE #
AMOUNT RECEIVED \$	PAYMENT TYPE	INSURANCE RECEIVED
MBOCHCI REPRESENTATIVE		Date