

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)  
Email and Zelle Payment [info@miamicarnival.org](mailto:info@miamicarnival.org)

**2025 CARNIVAL DAY FOOD TRUCK VENDOR FORM & AGREEMENT # \_\_\_\_\_**  
**VENUE: MIAMI DADE FAIR & EXPO 10901 Coral Way, Miami, FL 33165**  
**SUNDAY, October 12, 2025. *\*Please adhere to load in and load out policy\****

COMPANY/ORGANIZATION: \_\_\_\_\_  
(Please Print)

Contact Person/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**FOOD TRUCK PRICES: ABSOLUTELY NO STYROFOAM PLATES, CUPS OR CONTAINERS**  
**OCTOBER 8 to DECEMBER 31, 2024 - \$2,300 *Early Bird* (FULL PAYMENT MUST BE RECEIVED BY 12/31/24)**  
**JANUARY 1 to MARCH 31, 2025 - \$2,800**  
**APRIL 1 – JULY 31, 2025 - \$3,300 NONREFUNDABLE FEE INCLUDED**  
**AUGUST 1 to SEPTEMBER 30, 2025 - \$3,400**  
**NO SPACE IS GUARANTEED UNTIL PAYMENT IS MADE IN FULL. BOOTH PAYMENTS ARE NON-REFUNDABLE.**  
**ABSOLUTELY NO SALE OF BOOTHS AFTER TUESDAY, SEPTEMBER 30, 2025.**  
**An additional tent will be provided at a cost of \$100; advance notice is required.**  
**Payment by Cashier's Checks or Money Orders only, payable to MBOCHCI and mailed or delivered to the above address.**

**Quantity of Spaces** (size is 10' x 20') : \_\_\_\_\_ ( up to a 10' X 20" space).

**Description of items to be sold (must be completed for processing):** \_\_\_\_\_

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, (PLUS VENUE & ADDITIONAL ENTITIES AS REQUIRED) 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 his sole cost, workers' compensation insurance, disability insurance, liability insurance and any other insurance as may be required by law. MBOCHCI reserves the right to change the Carnival Venue, if necessary. 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. Vendor space(s) is(are) considered non-transferrable, non-exchangeable, and non-refundable, and all sales are considered final. No space shall be confirmed until payment is made in full. Given the nature of the event, venue location and layout are subject to change. MBOCHCI shall retain the sole rights for the sale of beer, alcoholic and nonalcoholic beverages and water on any and all of our Events. Violators are subject to immediate removal by the Police, and there will be no refunds.

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)

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**OFFICIAL RECEIPT – FOOD BOOTH SPACE # \_\_\_\_\_**  
AMOUNT RECEIVED \$ \_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_ INSURANCE RECEIVED \_\_\_\_\_  
MBOCHCI REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_