

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@miamicarnival.org

2026 CARNIVAL DAY FOOD VENDOR FORM AND AGREEMENT BOOTH # _____

VENUE: MIAMI DADE FAIR & EXPO 10901 Coral Way, Miami, FL 33165

SUNDAY, October 11, 2026. * 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 BOOTH PRICES: ABSOLUTELY NO STYROFOAM PLATES, CUPS OR CONTAINERS

OCTOBER 6 to DECEMBER 31, 2025 - \$1,300 Early Bird (FULL PAYMENT MUST BE RECEIVED BY 12/31/25)

JANUARY 1 to MARCH 31, 2026 - \$1,500.00

APRIL 1 to JULY 31, 2026 - \$1,700.00

AUGUST 1 to SEPTEMBER 30, 2026 - \$2,100

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

ABSOLUTELY NO SALE OF BOOTHS AFTER TUESDAY, SEPTEMBER 30, 2026.

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 10'): ____ (Buses; Trailers, Trucks or Vans must secure two or more spaces).

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)

OFFICIAL RECEIPT – FOOD BOOTH SPACE # _____

AMOUNT RECEIVED \$ _____ PAYMENT TYPE _____ INSURANCE RECEIVED _____

MBOCHCI REPRESENTATIVE _____ Date _____
