

Vendor Application Form 2018

(Please Print Clearly)

Name: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: () _____ Email: _____

Please list the type of items you will be selling at the festival:

NEW LOCATION: Florida A&M University Developmental Research School (FAMU DRS); 400 West Orange Avenue, Tallahassee, FL 32307. ONLY OUTDOOR SPACES AVAILABLE IN THE PARKING LOT located in front of the FAMU DRS GYMNASIUM for ALL VENDORS. Food & Drink vendors are required to provide copies of their current Florida Business License, City of Tallahassee Business License and Liability Insurance Certificate before being confirmed to vend.

Friday, June 8 FESTIVAL MARKETPLACE HOURS, 9:00 a.m. – 7:00 p.m.

Saturday, June 9 FESTIVAL MARKETPLACE HOURS, 9:00 a.m. – 5:00 p.m.

Set-Up Time for Friday and Saturday is 7:30 a.m.

PLEASE NOTE a two-day set up is required for all vendors. (No longer are one-day set ups acceptable.) Indicate your option by marking with an X in the space provided. A separate application is required for each set-up request. TWO SPACES PER VENDOR LIMIT

_____ Crafts, Jewelry, Clothing, etc. \$100.00
Friday and Saturday

_____ Food & Drinks \$150.00
Friday and Saturday

TOTAL AMOUNT ENCLOSED \$ _____

Applications should be received no later than **May 18, 2018**. **PLEASE DO NOT PLAN TO SET-UP IF YOU HAVEN'T RECEIVED A WRITTEN OR VERBAL CONFIRMATION FROM THE FESTIVAL COORDINATOR.** **NOTE: VENDORS MUST ARRIVE AT THE REQUIRED SET-UP TIMES OR RISK LOSING THEIR SPACES.** No refunds unless deemed acceptable by the Festival Committee. All vendors must adhere to set-up and breakdown times. Vendors should provide their own tables, chairs and tents. Space allotment for each vendor, will be 10 ft. X 10 ft. One (1) vendor observation pass will be provided to vendors for the dance and drum workshops events ONLY. The vendor observation pass allows you entrance into the dance and drum workshops ONLY to observe. Offenders will lose this privilege.

Make money orders and cashier's checks payable to: African Caribbean Dance Theatre, P.O. Box 10943, Tallahassee, Florida 32302.

I hereby release the African Caribbean Dance Theatre, Inc., and all associated entities from any responsibility for any damage to me or my property while a participant at this event. I consent to the rules as stated and I have received no promise of any type, oral or written, other than herein.

Signed _____ Date _____