



**2024 ATLANTA CHILDREN'S CARIBBEAN CARNIVAL VENDOR APPLICATION**

Please complete the following pages. Failure to do so will result in your application being rejected. **PLEASE BE ADVISED THAT ALL VENDOR FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCES! ACCBA WILL NOT BE HELD RESPONSIBLE FOR THE LOSS OF PROFIT OR PRODUCT!**

Name of Business: \_\_\_\_\_

Name(s) of Owner(s):  
\_\_\_\_\_

Business Tax ID: \_\_\_\_\_ ServSafe #: \_\_\_\_\_

Telephone Number(s):  
Day/Evening: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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Emergency Contact Name/Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_



**Vendor Booth Selection:**

- A. Please place an "X" beside your booth choice.
- B. All vendors is required to pay a \$25 permit fee.
- C. Please be advised that all vendors fees are NON-REFUNDABLE under any circumstances.
- D. ACCBA WILL NOT BE HELD RESPONSIBLE FOR LOSS OF PROFIT OR PRODUCT!
- E. Vendors booth are NON-TRANSFERABLE.
- F. All payments must be received by April 1<sup>st</sup>. 2024

**Saturday May 11<sup>th</sup>, 2024**

	Vendor Type		10x10		10x20		Truck
	FOOD		\$500.00		\$600.00		\$800
	ICEE/SMOOTHIE		\$300.00		\$400.00		N/A
	CORN/COCONUT		\$300.00		\$400.00		N/A
	CAKE/CUPCAKE		\$300.00		\$400.00		N/A
	ARTS & CRAFT		\$300.00		\$400.00		N/A
	ORGANIZATION		\$400.00		\$500.00		N/A
	CORPORATION		\$600.00		\$800.00		N/A



**FOOD/ICEES/DRINK/CORN/COCONUT VENDORS**

**PLEASE BE ADVISED MULTIPLE VENDORS MAY SELL THE SAME ITEMS!**

- B. Please provide the following information regarding your booth:
- a. How many staffed attendants will you have at your booth: \_\_\_\_\_
  - b. Food vendors will receive 4 wristbands.
  - c. Cake/Cupcake, drink, Italian ice, corn, coconut will receive 2 wristbands.
  - d. Extra wristbands can be purchased for \$25 per staff member.

Please list **all of the food and/ or beverages** to be sold at your booth.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_



**CRAFT/ORGANIZATION/CORPORATE VENDORS**

**PLEASE BE ADVISED MULTIPLE VENDORS MAY SELL THE SAME ITEMS!**

- C. Please provide the following information regarding your booth:
  - a. How many staffed attendants will you have at your booth: \_\_
  - b. Vendors will receive 2 wristbands.
  - c. Extra wristbands can be purchased for \$25 per additional staff.

Please **list all of the arts and crafts** that will be sold at your booth. Only items listed below will be permitted to sell in booth.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_



**VENDOR ACCEPTANCE AGREEMENT**

I / We \_\_\_\_\_ ,  
(PRINT YOUR NAME)

Owner / Operator of \_\_\_\_\_  
(PRINT THE NAME OF BUSINESS)

I / We agree to abide by the rules, regulations, ordinances and deadlines of the Atlanta Caribbean Carnival Bandleaders Association, Inc, and the City of Atlanta. I understand that if I do not abide by these rules, regulations, ordinances and deadlines, my business will not be allowed to vend during the Atlanta Caribbean Carnival and its 2024 events, and I may be subject to legal proceedings and forfeiture of any fees. I also agree to attend or send a designated representative to all pre-festival and vendor orientation meetings or to contact a festival representative for the information, as I will be held responsible for the information contained therein. **PLEASE BE ADVISED THAT ALL VENDOR FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCES! ACCBA WILL NOT BE HELD RESPONSIBLE FOR THE LOSS OF PROFIT OR PRODUCT! PayPal will not be accepted for vendor payments.**

I hereby declare that all information herein provided is true, correct, and complete.

\_\_\_\_\_  
Signature Date

**Zelle/Square Confirmation Number:** \_\_\_\_\_

**Referral Code:** \_\_\_\_\_

For faster Delivery, please email your application to [accbavendors2@gmail.com](mailto:accbavendors2@gmail.com).

**Please Zelle payments to: [treasurer.atlantacarnival@gmail.com](mailto:treasurer.atlantacarnival@gmail.com)**

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**For ACCBA Use Only!**

**Deposit Amount:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Payment:** \_\_\_\_\_ **Date:** \_\_\_\_\_