

**2023 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**: ­­­

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name/Phone**:

**Referred By:**



**Vendor Booth Selection:**

**A. Please place an “X” beside your booth choice.**

**B. All food and drink vendors is required to pay a $25 permit fee. Permit fee must be paid by April 1st. 2023.**

**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-TRANFERABLE.**

**F. All payments must be received by April 1st. 2023**

# Saturday May 13th, 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Vendor Type** |  | **10x10** |  | **10x20** |
|  | **FOOD** |  | **$350.00** |  | **$450.00** |
|  | **ICEE/SMOOTHIE** |  | **$250.00** |  | **$350.00** |
|  | **CORN/COCONUT** |  | **$200.00** |  | **$300.00** |
|  | **CAKE/CUPCAKE** |  | **$200.00** |  | **$300.00** |
|  | **ARTS & CRAFT** |  | **$200.00** |  | **$300.00** |
|  | **ORGANIZATION** |  | **$250.00** |  | **$450.00** |
|  | **CORPORATION** |  | **$550.00** |  | **$750.00** |



## 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:

1. How many staffed attendants will you have at your booth:
2. Food vendors will receive 4 wristbands.
3. Cake/Cupcake, drink, Italian ice, corn, coconut will receive 2 wristbands.
4. 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.









































## CRAFT/ORGANIZATION/CORPORATE VENDORS

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

**C.** Please provide the following information regarding your booth:

1. How many staffed attendants will you have at your booth:
2. Vendors will receive 2 wristbands.
3. 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.









































**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 2023 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.**

**Please Zelle payments to: treasurer.atlantacarnival@gmail.com**

**For ACCBA Use Only!**

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

**Final Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**