



2025 ATLANTA CARIBBEAN CARNIVAL VENDOR APPLICATION

Please complete the following pages. Failure to do so will result in your application being rejected.

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: _____



Vendor Booth Selection:

- A. Please place an "X" beside your booth choice.**
- B. All vendors are required to pay a \$40 permit fee.**
- C. Please be advised that all vendor 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 15th. 2025**

Saturday May 24th, 2025

Vendor Type		10x10		10x20		Permit Fee	
Food		\$1200.00		\$1400.00		\$40.00	
Food Truck		\$1,900.00		N/A		\$40.00	
Icee/ Smoothie		\$600.00		\$700.00		\$40.00	
Corn/Coconut		\$700.00		\$600.00		\$40.00	
Cake/Cupcake		\$500.00		\$600.00		\$40.00	
Arts & Crafts		\$500.00		\$600.00		\$40.00	
Organization		\$700.00		\$800.00		\$40.00	
Corporation		\$ 1,400.00		\$1,700.00		\$40.00	
Parade Route Food		\$ 700.00		\$900.00		\$40.00	
Parade Route Food Truck		\$ 950.00		N/A		\$40.00	
Parade Route Icee/ Smoothie		\$500.00		\$600.00		\$40.00	
Parade Route Arts & Crafts		\$500.00		\$600.00		\$40.00	



FOOD/ICEES/DRINK/CORN/COCONUT VENDORS

PLEASE BE ADVISED MULTIPLE VENDORS MAY SELL THE SAME ITEMS!

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, ice will receive 2 wristbands.
- d. Extra wristbands can be purchased for \$30 per staff member.

Please list **all the food and/ or beverages** to be sold at your booth. Only items listed below will be allowed to be sold. No exception!

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____



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 \$30 per additional staff.
 - d. Arts and craft vendors are not allowed to sell any food items in booth.

Please **list all the arts and crafts** that will be sold at your booth. **Only items listed will be allowed to be sold in booth. No Exception!**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____



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 2025 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. **No refunds will be given under any circumstances. PayPal is not 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.

Applications will not be accepted without a deposit.

Please zelle all payments to: treasurer.atlantacarnival@gmail.com

For ACCBA Use Only!

Deposit Amount: _____ **Date:** _____

Final Payment: _____ **Date:** _____

