



**2024 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 food and drink 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 15<sup>th</sup>. 2024**

**Saturday May 25, 2024**

	<b>Vendor Type</b>	<b>10x10</b>	<b>10x20</b>	<b>Permit Fee</b>	<b>Cleanup Fee</b>
	<b>Food</b>	<b>\$900.00</b>	<b>\$1000.00</b>	<b>\$25.00</b>	<b>\$350.00</b>
	<b>Food Truck</b>	<b>\$1,600.00</b>	<b>N/A</b>	<b>\$25.00</b>	<b>\$350.00</b>
	<b>Icee/ Smoothie</b>	<b>\$450.00</b>	<b>\$550.00</b>	<b>\$25.00</b>	<b>\$350.00</b>
	<b>Corn/Coconut</b>	<b>\$450.00</b>	<b>\$550.00</b>	<b>\$25.00</b>	<b>\$350.00</b>
	<b>Cake/Cupcake</b>	<b>\$450.00</b>	<b>\$550.00</b>	<b>\$25.00</b>	<b>\$350.00</b>
	<b>Arts &amp; Crafts</b>	<b>\$450.00</b>	<b>\$550.00</b>	<b>N/A</b>	<b>N/A</b>
	<b>Organization</b>	<b>\$600.00</b>	<b>\$700.00</b>	<b>N/A</b>	<b>N/A</b>
	<b>Corporation</b>	<b>\$1,300.00</b>	<b>\$1,600.00</b>	<b>N/A</b>	<b>N/A</b>



**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 \$25 per staff member.

Please list **all of 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 \$25 per additional staff.
  - d. Arts and craft vendors are not allowed to sell any food items in booth.

Please **list all of 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 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. **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](mailto:accbavendors2@gmail.com).  
[Please zelle all 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:** \_\_\_\_\_

