2027 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. Vendor booths are NON-TRANSFERABLE.
F. All payments must be received by April 16th. 2027
G. Any vendor that does not clean up his/her space after the event will be fined $500. If you do not pay the fine, you will not be allowed to vend at Atlanta Caribbean Carnival.

Payment Plan:
$200 due on or before September 30th to secure your spot
$200 due on February 12th, 2027
Final payment due April 16th, 2027

Saturday May 29th, 2027

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			$600.00		$700.00		$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	

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 $35 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 $35 per additional staff.

d. Arts and craft vendors are not allowed to sell any food, vape and/or smoke items in the 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 the 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 2027 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: _____