



2024 ATLANTA CARIBBEAN CARNIVAL JOUVERT VENDOR APPLICATION

Complete the following pages. Failure to do so will result in your application being rejected. **PLEASE BE ADVISED THAT ALL VENDOR FEES ARE NONREFUNDABLE 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 vendors are 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. Vendor’s booth is NON-TRANSFERABLE.**
- F. All payments must be received by April 15th. 2024**

Friday, May 24th, 2024

	Vendor Type	10x10	10x20	Permit Fee	
	FOOD	\$550.00	\$650.00	\$25.00	
	FOOD TRUCK	\$800	N/A	\$25.00	
	ICEE/SMOOTHIE	\$300.00	\$400.00	\$25.00	
	CORN/COCONUT	\$300.00	\$400.00	\$25.00	
	CAKE/CUPCAKE	\$300.00	\$400.00	\$25.00	
	ARTS & CRAFT	\$300.00	\$400.00	25.00	
	ORGANIZATION	\$400.00	\$500.00	N/A	
	CORPORATION	\$600.00	\$700.00	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.
 - e. Vendor is not allowed to sell items outside of the vendor area. Violators will be removed from premises and not be allowed to continue to vend.

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 in your vendor 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.**
 - d. **Vendor is not allowed to sell items outside of the vendor area. Violators will be removed from premises and not be allowed to continue to vend.**
 - e. **Vendors shall refrain from selling beers, or other alcoholic beverages in their booth .**

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

- 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. **NO REFUNDS WILL BE GIVEN UNDER ANY CIRCUMSTANCES! ACCBA IS NOT RESPONSIBLE FOR ANY 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 all payments to: treasurer.atlantacarnival@gmail.com](mailto:treasurer.atlantacarnival@gmail.com)

For ACCBA Use Only!

Deposit Amount: _____ **Date:** _____

Final Payment: _____ **Date:** _____