



2023 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 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-TRANSFERABLE.**
- F. All payments must be received by April 16th. 2023**

Friday, May 26th, 2023

	Vendor Type		10x10		10x20
	FOOD		\$500.00		\$600.00
	ICEE/SMOOTHIE		\$250.00		\$350.00
	CORN/COCONUT		\$250.00		\$350.00
	CAKE/CUPCAKE		\$250.00		\$350.00
	ARTS & CRAFT		\$200.00		\$300.00
	ORGANIZATION		\$250.00		\$350.00
	CORPORATION		\$450.00		\$550.00



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:

- 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. _____
- 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. **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. _____
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 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. **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

For ACCBA Use Only!

Deposit Amount: _____ **Date:** _____

Final Payment: _____ **Date:** _____