2027 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 NON-REFUNDABLE 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 $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 16, 2027

Friday, May 28th, 2027

	Vendor Type		10x10		10x20		Permit Fee
	FOOD		$700.00		$900.00		$40.00
	FOOD TRUCK		$900		N/A		$40.00
	ICEE/SMOOTHIE		$450.00		$650.00		$40.00
	CORN/COCONUT		$550.00		$750.00		$40.00
	CAKE/CUPCAKE		$450.00		$650.00		$40.00
	ARTS & CRAFT		$450.00		$650.00		$40.00
	ORGANIZATION		$600.00		$800.00		$40.00

	CORPORATION		**$800.00**		**$1000.00**		**$40.00**

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 $30 per staff member.

e. Vendors are 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 the food and/or beverages** to be sold at your booth. Only items listed below will be allowed to be sold at 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 $35 per additional staff.**

d. **Vendors are 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 beer or other alcoholic beverages in their booth**.

f. **Arts and craft vendors are not allowed to sell any food, smoke and/or vape items 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 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! 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.

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: _____