



2020 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: _____

- A. Vendor Selection (Please place an "X" beside your choice).
- B. All Food/drink vendors are required to pay a \$10 permit fee.
- C. **ALL VENDOR FEES ARE NON-REFUNDABLE REGARDLESS OF CIRCUMSTANCES. ACCBA IS NOT RESPONSIBLE FOR THE LOSS OF PROFIT OR PRODUCT!**

Vendor Type Friday May 22, 2020

	10x10	10x20	
Food	\$350	\$450	
Icee/ Smoothie	\$200	\$300	
Corn/Coconut	\$200	\$300	
Cake/Cupcake	\$200	\$300	
Arts & Crafts	\$150	\$250	
Organization	\$200	\$300	
Corporation	\$400	\$500	



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, ice will receive 2 wristbands.
- d. Extra wristbands can be purchased for \$15 per staff member.

Please list **all of the food and/ or beverages** to be sold at your 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 \$15 per additional staff.

Please **list all of the arts and crafts** that will be sold at your booth.

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 2020 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

Cash App/Square Confirmation Number: _____

Referral Code: _____

For faster Delivery, please email your application to accbavendors@gmail.com.

For ACCBA Use Only!
Deposit Received _____ **Date** _____
Payment Received _____
Clean Up Fee Received _____
Date Received _____