

#### 2022 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:

Referred By:

1. **Vendor Selection** (Please place an “**X**” beside your choice).

### B. All Food/drink vendors are required to pay a $15 permit fee.

### C. Vendors fees are non-refundable.

### All Pineapple Spaces have been taken for 2022.

### D. All Payments must be received by April 16th, 2022.

## Saturday May 28, 2022

## 

#### 10x10 10x20 Permit Fee Clean up Fee

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Food | $650 |  | $750 |  | $15 |  | $200 |  |  |
|  | Food Truck | $1200 |  | N/A |  | $15 |  | $200 |  |  |
|  | Icee/ Smoothie | $350 |  | $450 |  | $15 |  | $200 |  |  |
|  | Corn/Coconut | $350 |  | $450 |  | $15 |  | $200 |  |  |
|  | Cake/Cupcake | $350 |  | $450 |  | $15 |  | $200 |  |  |
|  | Arts & Crafts | $350 |  | $450 |  | N/A |  | N/A |  |  |
|  | Organization | $350 |  | $450 |  | N/A |  | N/A |  |  |
|  | Corporation | $1000 |  | $1,5000 |  | N/A |  | N/A |  |  |



**FOOD/ICEES/DRINK/CORN/COCONUT VENDORS**

**PLEASE BE ADVISED MULTIPLE VENDORS MAY SELL THE SAME ITEMS!**

1. Please provide the following information regarding your booth:
   1. How many staffed attendants will you have at your booth:
   2. Food vendors will receive 4 wristbands.
   3. Cake/Cupcake, drink, Italian ice, corn, coconut, ice will receive 2 wristbands.
   4. 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.





#### CRAFT/ORGANIZATION/CORPORATE VENDORS

**PLEASE BE ADVISED MULTIPLE VENDORS MAY SELL THE SAME ITEMS!**

1. 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.





#### 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 2022 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

**Cash App/Square Confirmation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For faster Delivery, please email your application to** [accbavendors2@gmail.com.](mailto:accbavendors2@gmail.com.)

Please zelle all payments to: treasurer.atlantacarnival@gmail.com

# For ACCBA Use Only!

**Deposit Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clean Up Fee Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**