

#### 2022 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:

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

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

###  C. ALL VENDOR FEES ARE NON-REFUNDABLE REGARDLESS OF CIRCUMSTANCES. ACCBA IS NOT RESPONSIBLE FOR THE LOSS OF PROFIT OR PRODUCT!

 D. ALL PAYMENTS MUST BE RECEIVED BY APRIL 16TH, 2022

## Vendor Type Friday, May 27th, 2022

####  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!**

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.

* + 1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.



#### CRAFT/ORGANIZATION/CORPORATE 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. Vendors will receive 2 wristbands.
	3. Extra wristbands can be purchased for $15 per additional staff.

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

1.
2.
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#### 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! 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** 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**