



Silver Spring Civic at Veterans Plaza
1 Veterans Pl., Silver Spring, MD 20910

**CARIFESTA
CARIBBEAN FESTIVAL**
www.carifesta.com
Email: info@carifesta.com

Sunday, July 21st, 2019
1pm-9pm

Application for Vendor Space

Name of Company: _____

Address: _____

Tax ID #: _____

Name of Responsible Person/Office and Title: _____

Telephone: Business: _____ Home: _____

Email: _____ Fax: _____

Use of Space (Check One):

- Food Clothing Arts & Crafts
- Displaying/Sampling not Selling

Circle Your Choice of Space Size

10x10 Craft/Clothing Space - \$350.00 10x10 Food Space - \$650.00

10x20 Craft/Clothing Space - \$450.00 10x20 Food Space - \$975.00

Literature/Display Table - \$150.00 (*no sales*)

***TENT NOT INCLUDED**

PAYMENT BY: PAYPAL, CREDIT CARD, CHECK, CASH, MONEY ORDER,

Make Payments to: CARIFESTA INC.

- **Food vendors are required to meet Montgomery County Health Department regulations for temporary food service establishments. Food vendors who are using generators, propane etc. must comply with Statewide Fire Prevention Code and are subject to inspection by Fire Marshal.**
- **Vendors are NOT permitted to sell any ALCOHOLIC BEVERAGES**

1. A State issued Food vendor/handler permit is required.

2. Payment in full is required to process all applications.
3. Spaces are allocated on FIRST- COME, FIRST SERVE BASIS.
4. Vendor vehicles are allowed on site during set-up time only (Except Food Trucks). All vehicles must be removed (Except Food Trucks)
5. ALL VENDING ENDS PROMPTLY AT 9PM.

PARTICIPATION CONTRACT

I, _____, (hereinafter Exhibitor), enter into this Agreement with Carifesta Inc, and agree as follows:

A. Exhibitor hereby agrees to participate as a vendor in Carifesta 2019.

B. Carifesta Inc hereby agrees to provide Exhibitor space for vending in Carifesta 2019. Please describe in detail all items to be sold in your tent or space i.e. types of food, novelty, arts and crafts –.

C. Exhibitor agrees to pay the amount of _____ in full for exhibition space, payable by check, cash or money order to Carifesta Inc. Please note full payment is due at application, and a \$35 surcharge for bounced checks applies.

D. Exhibitor set-up hours at Carifesta begins Sunday, July 21st, 2019 at 10 A.M. Exhibitor agrees to install Exhibitor's equipment, commodities and tents no later than 12:00 P.M. on Sunday, July 21th, 2019. Exhibitor agrees to dismantle its display and move its property from the exhibition area no later than 10pm on Sunday, July 21st, 2019

E. Exhibitor understands and agrees that Carifesta and its sponsors are not responsible for loss of, or damage to, goods or property of Exhibitor, or personal injury to Exhibitor and/or its employees. Exhibitor upon signing the Agreement, expressly releases Carifesta and its' sponsors from all such claims.

F. Exhibitor agrees to indemnify and save harmless Carifesta Inc and its members and employees from any and all property damages, personal injuries, and related losses resulting from vendor's acts and/or omissions and agrees that claims are limited to insurance coverage. Vendors will not be allowed on site UNLESS PAID-UP IN FULL. Vendors are required to secure their goods.

G. Exhibitor agrees to abide by all instructions given by designated identified Committee members and vend only in the same area assigned. Exhibitor warrants that it will obey all rules, regulations, and laws of the District of Columbia.

H. Exhibitor agrees not to assign, sublet, or share the whole or any part of its assigned space with anyone including any individuals, organizations, or group but will maintain and operate said tent in his/her name as a sole vendor per Agreement.

I. Carifesta will not provide electricity.

J. Exhibitor agrees that any violations or regulations which are hereby incorporated into this Agreement as Attachment A, or provisions of this agreement occurring during Carifesta, will result in immediate termination of said Agreement and Exhibitor removal from the exhibition area. In case of vendor removal, all fees are forfeited. Music vendors, please be aware of the new pirating laws.

K. Carifesta reserves the right and discretion to make location assignments of all exhibition space. Exhibitor understands and agrees that should they cancel space reserved under the Agreement, they are not entitled to a refund and that all fees are non-refundable. Exhibitor agrees to the terms of this Agreement and is consistent with the laws and the courts of District of Columbia. Out of state vendors plan to arrive on time – all regulations will be enforced.

L. Please take note – During Carifesta Festival hours, no vehicles will be allowed on the site. All vendors must set up before opening time. After the gates are opened, large goods can be brought in by hand cart only to the Carifesta Festival site. NO pets will be allowed in Carifesta, except those assisting the disabled.

ALL POLICIES WILL BE STRICTLY ENFORCED BY SECURITY. TO ENSURE FASTER SERVICE, YOUR VENDOR PACKAGES WITH BOOTH ASSIGNMENT SHOULD BE PICKED UP AT THE CARIFESTA FESTIVAL SITE UPON ARRIVAL.

I UNDERSTAND AND AGREE TO ALL TERMS CONTAINED HEREIN.

Exhibitor	Date
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1) Scan and email completed application to (info@carifesta.com).

2) Mail completed application along with payment to:

Carifesta Inc., 30 Bryant St. NW, Washington, DC 20001

Contact Denise Dixon at 301-915-6439 with any questions.

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please mail the completed form to Carifesta 30 Bryant St NW, Washington DC 20001 or scan and email to info@carifesta.com.



Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

CVV #: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Cost of Services Information and Approved Charges

Total Cost: _____ Deposit : _____ Balance Owed: _____

All Charges Deposit

Comments: _____

I certify that all information is complete and accurate. I hereby authorize Carifesta, Inc. to collect payment for charges as indicated in the **Cost of Services and Approved Charges** section of this form by processing a charge to the credit card listed above.

I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

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