SAND POINT PARK

C**OMMUNITY CELEBRATION!**

**Sunday Nov. 1, 2015 - 2:00 to 8:00 pm**

**Vendor Registration Form**

***ALL APPLICATIONS TO BE RETURNED by MONDAY OCTOBER 19 by 5:00 pm***

Vendor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 501(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Booth**

\_\_\_\_ Business

\_\_\_\_ Health, Medical, Educational

\_\_\_\_ Food Products  
\_\_\_\_ Food Truck

\_\_\_\_ Arts and Crafts  
\_\_\_\_ Non-Profit  
\_\_\_\_ Other-please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note this is a **FREE COMMUNITY EVENT** and our heart is to continue to be generous towards our community for this afternoon.

We are asking that goods & activities are ‘free of charge’. Thank you in advance for your blessings!

**Space:**

\_\_\_\_\_ **10 X10 Tent Space** = $35.00 per space

\_\_\_\_\_ **FOOD TRUCKS** = $55.00 per 10 x 10 space.

\_\_\_\_\_ **10 x 10 Space** –**Not For Profit** = $15.00

\_\_\_\_\_ **10 x 10 Space - Churches & ’40 Day’ Sponsors = FREE**

\*\*Vendors must provide own tent, tables, chairs, lighting, etc. **LIMITED electricity available** so please come prepared. If you require more than 10 x 10 please indicate & pay for 2 spots.

I have a QUIET generator: \_\_\_\_\_\_ (check if yes)

Make/Model/Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check-in & Set-Up:**

* **FOOD VENDORS** must be checked in by 1:00 for health/fire inspection.
* **All other vendors** MUST check-in starting at 12:00pm and be set up by 1:30pm.

**Payment:**

Make Checks Payable to **Hope For North Brevard** and return completed form with payment to: 416 Pine Street, Titusville, FL 32796

**WAIVER:** The “40 Days of Generosity” reserves the right to refuse any vendor application. Should this occur, the fee will be refunded. The Vendor shall defend, save and hold harmless the “40 Days of Generosity”, their volunteers, sponsors and assigns from any claims, damages, losses, liability or expense which may arise, and shall not be held responsible for any loss or damage due to fire, accident, theft, weather, acts of God, vandalism or any other loss or injury whatsoever or not specifically described herein, whether past, present or future. Booths are not insured by the ’40 Days of Generosity” or any sponsoring agents. Vendors must make provisions for safeguarding their goods. Vendors must have replacement cost insurance for all personal property. Vendors assumes full liability for protecting, care and maintenance of vendor’s property. ANY VENDOR NOT HOLDING VALID LIABILITY INSURANCE EXHIBITS AT THEIR OWN RISK AND ASSUMES ALL LIABILITY.

**Commercial & Food Vendors must provide copy of insurance, State & City licenses.**

**I understand that if I am a Food Vendor of any kind, I must be completely set up by 12:30 for inspection, regardless if I am preparing food on site or not.**

**I acknowledge that I have read all of the information, rules and regulations and agree to be bound by this contract. I understand there are no refunds even if I am late & denied entry, falsify information, asked to leave or cancelation due to weather. Rain or Shine.**

**ALL VENDOR VEHICLES MUST BE IMMEDIATELY OUT OF EVENT AREA BY 1:30.** You will allowed to drive back in at approx. 8:15pm to load & depart.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOOTH(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_