

ART DECO WEEKEND® 2008
January 18, 19 & 20, 2008
APPLICATION FOR FOOD VENDOR SPACE
10 X 10 TENTED SPACE

Company Name _____
Sales Tax # _____ Contact Name _____
Mailing Address _____
(City) (State) (Zip Code)
E-Mail _____
Business # _____ Fax # _____ Cell # _____

<input type="checkbox"/> American	<input type="checkbox"/> Greek	<input type="checkbox"/> Italian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other (descriptions)			

CATEGORY “D” – FOOD VENDORS. MDPL supplies tent, minimum space: 10’ x 10’ = 100 sq ft.
SPACE FEE \$2,000.00 Number of Spaces Required _____

MENU AND PRICE LIST REQUIRED
MUST COMPLETE ATTACHED FORM

PAYABLE IN FULL WITHIN 15 days of accepted application by cash, cashier’s check or money order only.

The rates quoted are subject to change by the Art Deco Weekend Jury Committee and do not include electrical services or tables and chairs. Your *completed ELECTRIC FORM and TABLE/CHAIR RENTAL FORM* **must be** attached to this application in order for your application to be accepted.

TERMS

1. Vendors will be expected to remain open during the hours that the festival is open. Hours will be posted.
2. I understand that MDPL can not guarantee exclusivity of my product.
3. I understand that MDPL reserves the right to assign or reassign any or all booth/trailer locations and spaces. No Guarantee of a specific booth or space location is given or implied by MDPL
4. I understand that MDPL’s refund schedule is as follows:
 - a) Cancellation prior to September 1st. is subject to 25% cancellation fee of full booth amount due.
 - b) Cancellation between September 1st and October 31st is subject to 50% of full booth amount due.
 - c) No refunds will be made after October 31st.
5. I understand that this application is not a contract. Space will only be granted to me by contract after the Art Deco Weekend Committee jury has accepted my application according to the jury system.
6. I will not be allowed to exhibit or sell at the Art Deco Weekend unless I have signed the contract, paid all fees in full and provided an insurance binder naming MDPL and CITY OF MIAMI BEACH as additional insured (*For food vendors only*)
7. **I understand I can not sell any beverages.**
8. **I understand that a refundable clean up fee of \$300.00** will only be returned to the vendor on the last day of the festival if upon inspection of the space rented the area has been cleaned and cleared. **If vendor leaves without inspection the fee will not be refunded.**
9. I understand that I may not sell T-shirts, Sweat-shirts or any other new novelty clothing or accessories without the express consent of the Art Deco Weekend Committee. I understand that I may not sell posters.
10. I understand that a surcharge may be levied for any late payments. I understand that I will be charged a fee for a bounced check.
11. I understand that I may only sell what is approved from the Description.
12. I have read, understand and will comply with the attached electricity notice.
13. I accept all the terms set forth in this application and certify all the information supplied to be correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____
Title Date

TABLES AND CHAIRS ORDER FORM

THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION REGARDLESS OF WHETHER OR NOT YOU NEED TO RENT EXTRA TABLES OR CHAIRS!

Do you want Tables and/or Chairs? YES _____ NO _____

Tables are 8 feet long x 32 inches wide and are available for rent for the Weekend at a cost of \$10.00 each. Folding chairs are available for rent at the Weekend for \$5.00 each.

A deposit of \$75.00 is required for the Tables and/or Chairs and is refundable 3 weeks after the event. Vendors are responsible for the Tables and Chairs from the time of delivery until pick-up time. It is the Vendor's responsibility to make sure all equipment is returned in the condition in which it was received.

Number of Tables: _____ X \$10.00= \$ _____

Number of chairs: _____ X \$5.00 = \$ _____

Deposit refunded 3 weeks after event = \$ 75.00

Total Amount Due = \$ _____

Please Print:

Name of Vendor: _____

Address: _____

City/State/Zip: _____

Vendor Signature: _____ Date: _____

**RETURN APPLICATION TO: ART DECO WEEKEND, P.O. BOX 190180, MIAMI BEACH, FL 33119
TEL.(305) 672-2014, FAX (305)672-4319**

