

Chicago Caribbean Carnival

2746 West 85th Street

Chicago IL 60652

224-857-3790|Chicagocaribbeancarnival@gmail.com



VENDOR BOOTH REGISTRATION FORM

EVENT INFORMATION

EVENT TITLE		EARLY REGISTRATION DEADLINE
CHICAGO CARIBBEAN CARNIVAL		June 30, 2025
EVENT LOCATION NAME		EVENT DATE(S)
Midway Plaisance		August 16, 2025
EVENT ADDRESS		ACCEPT/REJECT NOTIFICATION
Chicago Illinois		
PHONE	FAX	EVENT MANAGEMENT POINT OF CONTACT EMAIL
219-614-4028 224-857-3790 773-503-9397	N/A	Chicagocaribbeancarnival@gmail.com
EVENT ID. if applicable		EVENT WEBSITE
# Booth		https://chicagocaribbeancarnival.org
Zelle Payments :		7735039397

EVENT SCHEDULE

VENDOR MOVE-IN	EVENT HOURS	VENDOR MOVE-OUT
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SET UP FOR ALL VENDORS IS DETERMINED AND BASED OFF EVENT TIME	TBD	VENDORS MUST BEGIN TO DISPERSE/BREAK DOWN AND DISCONTINUE ALL OPERATIONS 1 HOUR PRIOR TO ENDING TIME OF EVENT
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SIZE OF VENDOR SPACE

<ul style="list-style-type: none"> - <i>Vendor will be provided a (10x10) space</i> - <i>Extra Space requires extra fee</i> 		<p>Merchandise Vendors \$300.00 (Early Bird Price: \$250.00) Merchandise city fee: \$25.00</p> <p>Commercial Vendor: \$150.00</p> <p>Food Vendors: \$400.00 (Early Bird Price: \$350.00) Food Vendors city fee: \$75.00</p> <p>Food Trucks: \$500.00 (Early Bird Price: \$450.00)</p>
WHAT WE PROVIDE	WHAT VENDOR WILL NEED TO PROVIDE	AVAILABLE FOR A FEE
<ul style="list-style-type: none"> - <i>Information on set-up, parking, etc...pertaining to the Chicago Caribbean Carnival, will be communicated to Vendor about 2 weeks before the event.</i> - <i>C.C.C will provide handwashing stations.</i> 	<ul style="list-style-type: none"> - <i>No sharing of tents & space with another vendors.</i> - <i>Vendor's are to provide their own tables, chairs, tents, water, etc.</i> - <i>Vendor's are required to maintain their vending space and surrounding area clean, before and after the event.</i> - <i>Vendor's must provide their own power sources and supplies lighting, generators etc.. C.C.C will not be responsible for proper setup and operation of equipment for vendors services .</i> 	<ul style="list-style-type: none"> - <i>All Vendor's must notify C.C.C in advance if extra space is required.</i> - <i>Vendors are 100% responsible for cleaning entire area failure to do so will result in penalty.. (\$100.00)</i> - <i>Payment by Cashier's Checks or Money Orders only, payable to Chicago Caribbean Carnival and mailed or delivered to the above address.</i>

VENDOR INFORMATION

VENDOR NAME		REGISTRATION SUBMISSION DATE
EVENT ADDRESS		
PHONE	FAX	EMAIL
VENDOR ID. if applicable		WEBSITE

This application shall not be processed without full payment for the designated space(s). It is further understood and agreed that the space(s) listed below may not be available at the time of purchase and the undersigned shall accept the space(s) designated by CCC Committee. No space(s) may be subleased at any time during the event. All Vendor Registrations received and paid in full upon application submissions will receive first options of Space Selections by the CCC Committee Members.

ALL PAYMENTS ARE DUE 30 DAYS PRIOR TO EVENT, AFTERWARD THE REGISTRATION WILL INCREASE BY \$100.00. ALL VENDORS MUST HAVE VALID STATE/CITY LICENSE FOR RETAIL AND FOOD SALES. ALL EXHIBITORS/VENDORS MUST HAVE THEIR OWN BUSINESS LICENSE.

CCC shall retain the sole rights for the sale of beer, alcoholic beverages on the premises. CCC, its designated security personnel or the Police Department shall have the authority to remove any Vendor from the Premises for unauthorized sale of alcoholic beverages. **ABSOLUTELY NO SALE OF BOOTHS 7DAYS PRIOR TO EVENT**

NO SPACE IS GUARANTEED UNTIL PAYMENT IS MADE IN FULL.

ORGANIZATION

NUMBER OF YEARS IN BUSINESS	
CLASSIFICATION / CERTIFICATION	

ORGANIZATION TYPE		
UNION AFFILIATIONS		
TAXPAYER ID NUMBER	FEDERAL TAX ID NUMBER	License
Please list the cities and/or states that your company performs work in.		

VENDOR DESCRIPTION

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Zelle Info:	
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*Savings account numbers may not be used.

I hereby authorize:

1) [ENTER COMPANY NAME] to deposit my supplier invoice payment via electronic funds transfer.

2) My financial institution to credit this amount to my account.

In the event that the exercise of this authorization (for any reason) results in an overpayment for supplier invoices actually due and payable to me, I hereby authorize the payer to either: A) debit my above-identified account for an amount not to exceed said overpayment; or B) withhold a sum equal to the overpayment from the next disbursement of my supplier invoice payment.

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

NAME	TITLE
SIGNATURE	DATE

COMPLETED FORM SUBMISSION NOTES.

