VENDOR SPACE RENTAL AGREEMENT CARD SHOW

EVENT HOSTED BY: **MLS Businesses, LLC, dba The Emporium**
3755 Gulf Breeze Parkway Unit "F", FL 32562 (850) 916-7676

EVENT LOCATION: **La Sala Event Center**
3352 Highway 87 - Navarre, FL 32566

EVENT DATE(S) / TIMES: **Friday. December 5, 2025, 5:00 p.m. – 9:00 p.m.**
Saturday. December 6, 2025, 8:00 a.m. – 4:00 p.m.

GENERAL:

- Vendor spaces are allocated on historic, first-come, first-served basis. Reservations can be made by submitting this form to mlsliveshows@gmail.com or by bringing it to the host's address (provided above). Updates to the number of reserved spaces will be communicated through Facebook and our website.
- Based on our past shows, we anticipate a sell-out. Reservations can be made at any time, with payment due by November 15th.
- **** Any tables reserved without receiving payment will be considered available for sale after Nov. 19th, 2025. ****
- The event host will determine the physical vendor location within the facility.
  - **Each vendor space includes an eight (8) foot table & two (2) chairs.**
  - **One (1) table with two (2) chairs** **$100.00 ea. Plus Tax**
  - **Maximum of Three (3) tables per Vendor**
- Food will be available during Event Times.
- **Vendors Set up Times:** Friday December 5, 2025, from 3:30 p.m. to 4:45 p.m. Vendors must be ready by event start times. Saturday December 6, 2025, from 7:00 a.m. to 7:45 a.m. Vendors must be ready by event start times.
- Each vendor is responsible for ensuring that their area is clean at the conclusion of the event.
- Please ensure that tables and chairs are returned in the same condition as they were provided.
- Vendor breakdown will begin at 4:00 p.m. on Saturday, December 6, 2025, and must be finished by 5:00 p.m., in accordance with The Emporium rental agreement.
- **For Questions, contact The Emporium (BoBo) at (850) 916-7676.**

VENDOR INFORMATION:

VENDOR NAME (PRINTED): _____

VENDOR CONTACT: _____ **PHONE:** _____

EMAIL: _____ **NUMBER OF STAFF:** _____

TABLES RESERVED (CIRCLE): 1 2 3 **TAXES EMPT** _____ **AMOUNT DUE:** _____Plus Tax

PAID BY (CIRCLE): C-APP CK CASH CC **DATE:** _____

VENDOR SIGNATURE: _____ **STAFF INITIALS**: _____