

# 2019 BEACH DAZE FAMILY FUN WEEKEND

Supporting Voices for Children of Broward County

## VENDOR APPLICATION



Business Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please make your selection:

**\*each selection covers all 4 days of the Festival**

Food Truck (\$275/day = \$1100 vendor fee)      Outside Food Booth (\$200/day = \$800 vendor fee)

Craft Booth (\$100/day = \$400 vendor fee)      Inside Food Booth (\$250/day = \$1000 fee)  
(Silent Auction Tent)

Nonprofit Food Booth (\$350 vendor fee) **\*proof of nonprofit status is required\***

Nonprofit Craft Booth (\$150 vendor fee) **\*proof of nonprofit status is required\***

Do you think you will be needing electrical hookup? Type of Outlets Required: \_\_\_\_\_

YES     NO

Will you be bringing a generator?

YES     NO

"I agree to have enough food for attendees and will not leave the event early"

YES     NO     N/A (craft vendors – craft vendors will still not leave early)

"I have experience with serving very large crowds or working large festivals and events"

YES     NO

"I agree to abide by the standard health, safety and environmental regulations of the City of Coral Springs and the State of Florida."

YES     NO

"I understand that the ground must be covered by a mat, rug or wood surface to protect the grass and asphalt, and I agree to remove all oil and cans with oil generated by me or brought to the event." - \*food vendors\*

\*(liability for damages or repair will apply if ground not covered)

YES     NO     N/A (craft vendors)

"If required, I agree to provide certificates of insurance with a general liability of \$1,000,000 naming the below entities as additional insureds."

YES     NO     N/A (craft vendors)

**Certificate Holder #1**

City of Coral Springs  
9500 West Sample Road  
Coral Springs, FL 33065

**Certificate Holder #2**

Voices for Children of Broward County  
401 E. Las Olas Blvd., Suite 130-301  
Fort Lauderdale, FL 33301

**Certificate Holder #3**

Rita's Ritas LLC/Beach Daze  
735 NE 5<sup>th</sup> Ave., Unit 1  
Fort Lauderdale, FL 33304

\*If your application is approved, when you are notified, you will be told if you are required to provide insurance certificates\*

### MENU ITEMS

(Please list your menu items - use additional sheets of paper if necessary)

\*craft vendors just list the **type** of crafts you will be selling, costs not needed\*

ITEM NAME	COST

### APPLICATION PROCESS

Applying vendors are required to submit the following:

- **A completed and successfully submitted emailed food/craft vendor application.** Applicants will receive email confirmation of their successful submission. No email confirmation = application not successfully submitted and therefore will not be considered. Festival committee may request clarification; failure to provide requested clarification is grounds for rejection.
- **List of Menu items** and their prices being offered at the Festival.
- At least **one current photograph** of their food vending operation. (food vendors only)
- A **non-refundable \$30 application fee** must be submitted with your emailed application by credit card form. You will receive a receipt by email for the transaction.

Additional Application Information

- Application does not guarantee acceptance.
- Vendors must apply each year in order to be considered. Acceptance in previous years does not guarantee acceptance in future years.
- Reminder: you are not allowed to sell any water, alcoholic beverages, or Popcorn, Cotton Candy, Candy Apples, Lemonade or Funnel Cakes.
- **Event is Rain or Shine**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date signed

PLEASE SCAN AND EMAIL APPLICATION PACKET BACK TO: [VOICESFAMILYFUNWEEKEND@GMAIL.COM](mailto:VOICESFAMILYFUNWEEKEND@GMAIL.COM)  
OR FAX BACK TO (954) 844-8936

FOR QUESTIONS PLEASE CALL: (954) 947-0060

**CREDIT CARD AUTHORIZATION**

COMPANY \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_ AMOUNT: \$30.00

EMAIL ADDRESS (FOR RECEIPT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Applications are accepted in the order they are received. Applications will not be approved or accepted without the application fee. Your application will be reviewed upon receipt and you will be notified if you are selected as a participant. Please note that this is a rain-or-shine fundraising event. Once your payment is processed, there will be no refunds for any reason.