



SPACE COAST ART FESTIVAL®
P. O. BOX 146
CAPE CANAVERAL, FL 32920

FOOD COURT VENDOR APPLICATION & CONTRACT

Festival: 54th Annual Space Coast Art Festival®

Location: Manatee Sanctuary Park, Cape Canaveral, FL

Date/Time: Saturday, October 27, 2018 – 9am- 5pm
Sunday, October 28, 2018 – 10am – 4pm

Name of Company: _____ D/B/A: _____

Owner Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Event Site Contact Name: _____ Cell Phone#: _____

Size of tent or cart space needed: _____

Menu Items: Please list each item and sales price in order of preference.

Menu and prices must be posted

1. _____

2. _____

3. _____

4. _____

5. _____

Sales Tax Identification #: _____

Dept. of Agriculture License #: _____

Insurance Company & Policy# _____

Vendors must supply SCAF with copies of the above license, tax certificate, and a certificate of insurance listing the Space Coast Art Festival® and the City of Cape Canaveral as certificate holders when submitting the application. Vendors will also need to have these same items with them at the festival for inspectors.

Power is not provided or available.



Space Fee per location: \$ 225.00

A deposit of \$ 125.00 is due by September 15th and remaining balance of \$ 100.00 must be paid by October 1st. Deposit is non- refundable if you cancel or do not attend.

Check () Money Order () made payable to Space Coast Art Festival® (SCAF)
() Credit Card payment by phone (call (321)784-3322)

Release and Acknowledgement:

A. I _____, hereby make application for a food concession space food court vendor in the 54th Annual Space Coast Art Festival® held in Cape Canaveral, Florida, on Saturday and Sunday, October 27th & Oct. 28th 2018. I agree to abide by the rules, regulations, limitations, insurance requirements and other conditions set forth in the conditions and rules governing the 2018 Space Coast Art Festival®.

B. The company making this application, its representatives and/or employees, release and forever discharge the Space Coast Art Festival® and City of Canaveral, its agents, and/or representatives from any responsibility, personal liability, loss or claims made by me or others as they may occur.

C. The (SCAF) will have the exclusive sale of all beverages, unless approved by the board for a vendor to sell a specific beverage.

D. I understand and agree to the following conditions:

IF THE EVENT IS CANCELLED PRIOR TO THE DESIGNATED START TIME:

Vendors have the option of receiving full credit for the next scheduled event or a refund of their vendor fees.

IF THE EVENT IS CANCELLED AFTER THE DESIGNATED START TIME:

Vendors who have checked in will be awarded credit for the next event. No refunds will be given for events cancelled after their designated start time.

Authorized Signature: _____ Date: _____
Title: _____

Any question(s) may be referred to the SCAF Office for the 2018 Space Coast Art Festival® by one of these means: address as reflected on the application, (321) 784-3322 (SCAF) or email: info@spacecoastartfestival.com.

Please return completed application with check/money order payable to:

Space Coast Art Festival®
P. O. Box 146
Cape Canaveral, FL 32920

The acceptance of the application by SCAF and the submitting of the required documentation by the applicant along with the fees make this a binding contract as specified in the conditions and rules by SCAF.