



43rd Annual
MLK Day Parade & Family Festival Vendor Application

Return to Dr. Martin Luther King Jr. Parade & Festivities Committee, Inc. Applications being accepted through **Monday, January 15, 2020.**

***** CASHIER'S CHECKS AND MONEY ORDERS ONLY *****

Please PRINT:

Vendor/Applicant: _____
 Contact Name: _____ Title: _____
 Address: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip Code: _____
 Office: _____ Fax: _____ Cell: _____ Email: _____

Cost of 13' x 13' Vendor Space: **\$ 175.00** # of Spaces(s) requested: _____ All items must fit within space purchased.

Please specify all type(s) of Item(s) to be sold:

- Food:** Dept. of Health Permit #: _____
Specify type: _____
- Clothing:** Specify type: _____
- Books:** Specify type: _____
- Other:** List items: _____

In submitting this application, it is understood and agreed that neither the Vending Committee, nor anyone associated with the Dr. Martin Luther King Jr. Parade & Festivities Committee Inc., shall be held liable for any physical or property damage, or loss of any kind, during the leasing of the space. Further, the Applicant/Vendor agrees to hold the Dr. Martin Luther King Jr. Parade & Festivities Committee Inc., Miami-Dade County, City of Miami, and all other sponsors/supporters harmless from any and all claims arising out of the vendor's performance and participation pursuant to this agreement. Applicant/Vendor further agrees to take full responsibility for whatever they sell during the event. There shall be **no refunds** under any circumstances. I have read, understood, and agreed to the aforementioned terms and regulations associated with participation in this event.

Signature: _____ Date: _____
 APPLICANT/VENDOR: Print name: _____

Return this completed participation form with an organization resumé by **January 15, 2020 to :**

MLK Office (open 11/19): Haynes Security Services: 7900 NW 27th Ave. #E-239, Miami, FL 33147
 Information Contact: **Ladi Jenkins (305) 606-2995**

FOR OFFICE USE ONLY:

Date Received: _____ Amount \$ _____ Check #: _____ Space(s): _____
 Assigned By: _____ Date: _____
Signature Print Name

Dr. Martin Luther King Jr. Parade & Festivities Committee, Inc.