



VENDOR APPLICATION

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

Applications being accepted through **Monday, December 16, 2024.**

***** 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: **\$350.00** # 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: _____

In Person:

Return this completed participation form by **December 16, 2024** either :

MLK Office: **Haynes Security Services:** 7900 NW 27th Ave. #E-239A, Miami, FL 33147

or

By Mail:

Dr. Martin Luther King Jr. Parade & Festivities Committee Inc. 12864

Biscayne Blvd. #436, North Miami, FL 33181

Information Contact: Cheryal Frazier White (305) 335-6241

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.