



FOODVENDOR APPLICATION

The Chamber of Commerce of Cape Coral is proud to continue the Holiday Festival of Lights. The staging area for vendor placement is located on Cape Coral Parkway at the GPS address below. Please report to the staging area between 10:00am and 1:00pm for placement. Do not attempt to place yourself without checking in with a member of the Event Team, and please do not leave equipment, tents, etc. unattended at any time after check in. **YOU MUST CHECK IN WITH EVENT STAFF PRIOR TO PLACEMENT.** Late arrivals will be placed at the discretion of the event coordinators, and there will be no vendors placed after 1:00PM.

Vendor Check-In Address: 4790 Vincennes Boulevard, Cape Coral, FL

It is the goal of the chamber to place vendors in the location of their choosing, but this is not always possible. Please take in to consideration the entire size requirements of your booth, and/or trailer, truck, etc. when signing up for your space. Please be respectful of all the vendors and the space you have rented. Be ready for business by no later then 3:30pm. All vehicles and trailers must be off the road by 3:00pm.

No refund for inclement weather or event cancellation.

Vendors are responsible for their trash. DO NOT leave boxes, garbage bags, etc. on the street when you leave. Trash left in your space can and will result in additional fees. There is a large dumpster conveniently located for trash disposal. Failure to clean up your space could hinder future participation. The Chamber Staff hold the right to not allow a vendor to sell items that are deemed unsafe or not appropriate for the event. Subleasing your space is prohibited. Vendors that don't comply will be removed from event with no refund.

Saturday, December 2, 2017



FOR MORE INFORMATION
(239) 549-6900

Annette@CapeCoralChamber.com

www.HolidayFestivalCC.com

SNACK MENU (Please Circle)

\$15/ft. - Chamber Members

\$25/ft. - Non-Chamber Members

Total ft. _____

FULL MENU (Please Circle)

\$30/ft. - Chamber Members

\$40/ft. - Non-Chamber Members

Total ft. _____

Total amount due: \$ _____

Please make sure all checks are make out to: Chamber of Commerce of Cape Coral

PAYMENT IS DUE WITH VENDOR APPLICATION

Company Name

Contact Name

Contact Title

Company Address (including city, state, zip)

Phone Number

Email Address

Fax Number

Payment Type:(please check one)

Check

Cash

Credit Card

Card Number

Expiration Date

CVV Code

Zip Code

Type of Card

Name on card

Authorized Signature

Date

Hold Harmless Release Form:

In participation of this event I hereby, for myself, my heirs, executors and assigns, do waive, release, and hold the City of Cape Coral harmless from all claims or causes of action for damages or personal injury suffered by me while participation in this event. Whether known or unknown, and I understand that I am assuming the risk for any damages or injury to my property or person which I may sustain while participating in this event. If I should suffer any injury or illness, I authorize the employees of the Cape Coral Parks and Recreation Department to use discretion to have me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or other material related to the event for publicity, promotion or news purpose.

Signature: _____