All Star Equipment Rentals & Sales

PRESENTS

To Benefit Builders Care
2023 NON-FOOD VENDOR PACKET







2023 Non-Food Vendor Application

**Limited Spaces Available

12th Annual BBQ, Bands & Brew

Saturday April 15, 2023 11am-6pm

Company Name:			12 1	IND2	
Contact Name:			T S		
			To Bene	fit Builders Care	
Zip:					
All Vendors are requi	red to staff their booths for th	e entire duration of the ev	ent. NO EXCEPTION	NS!	
	OOR SPACE FEES: ace includes—1 - 8' table, 2 cl	nairs, and fire extinguisher	r - \$275.00	QTY:	
10'x 20' Double Space - includes- 2 - 8' tables, 4 chairs, and fire extinguisher - \$375.00				QTY:	
**Does not in	clude tent.				
Please specify if you	will be bringing a tent:	Size of Te	nt:	_	
	10' vendor is required to cont e BIA Builders Care 45 days		e Event Director. Flan	ne certificate will also need	
*If you are bringing	a tent you will need a fire ext	inguisher! (We will provi	de fire extinguisher w	ith proper notice.)	
If you need addition	al rentals indicate below:				
10'x10' Tent Rental	QTY:				
8' Table and 2 chair	QTY:				
Generator – Vendor All Stare Equipment	responsible to supply generat	or. Contact Allstar Equipr	ment Rental if you nee	ed to reserve a generator.	
4.1			TOTAL: \$		
(Make checks payable i	isa/Mastercard/Amex) to Lee BIA Builders Care)	□ Check#:			
CVV Code:	Exp. Date:	Signature:			

Name as appears on card: ______ Billing Zip: _____

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I agree to abide by the rules stated. I understand that all promotion of my items must take place within the confines of my booth. I further understand that Lee BIA Builders Care, the BIA, the City of Fort Myers, Caloosa Sound Convention Center & Amphitheater & all their representatives are not responsible for or liable for damages including, but not limited to, loss suffered before, during, or after each event I have applied to as a result of the display of my work, equipment or material. I understand that there are no refunds or rain checks. The duplication or use of any trademarks or logos belonging to the committee is strictly prohibited. Lee BIA Builders Care reserves all rights to refuse booth space based on Event guidelines. If these guidelines are not upheld, my booth will be closed immediately & my funds will not be refunded. I have read and agree to comply with the Lee BIA Builders Care and the Health Department Rules and Regulations. I understand that I will be liable for any cost incurred by Lee BIA Builders Care, Inc. for any failure to comply with these requirements. I understand that all fees are non-refundable.

*No food or drink is to	be sold by non-food vendors.	
Company Name:		
Print Name	Signature	Date
Please make a copy of these form of payment.	documents for your records. We will not pro	ocess any application that does not include a
	complete without:	
Completed and Signed Ap	pplication	
Payment Copy of Business Tax Re Photo of your booth (opti		
Please include a check for the	entire amount with your application:	

Make checks payable to: Lee BIA Builders Care, Attention: BBO

Fort Myers, FL 33912

6835 International Center Blvd. #4

LEE BIA BUILDERS CARE