

promote event. \_\_\_\_\_initial consent.

## **CITY OF BELLE ISLE**

## **VENDOR REGISTRATION FORM**

## Centennial Celebration October 19th, 4-10 pm

Registration Form and all fees must be received by September 19, 2024. Confirmation		MAKE CHECKS PAYABLE TO:
of Vendor Registration will be sent by email and posted on the City of Belle Isle's website—Centennial page.		City of Belle Isle
		MAIL CHECK TO:
Exact Business Name		City of Belle Isle
Exact Business Name		<b>Centennial Celebration</b>
		1600 Nela Avenue
Contact Person		Belle isle, FL 32809
		EMAIL CC PAYMENT FORM TO:
Mailing Address, City, State and Zip		cityclerk@belleislefl.gov
		or call 407-851-7730
Primary Phone		
		Vendor Fee: \$50
Email Address		10x10 Tent
		Vendors will be responsible for
		their own tables, chairs and other displays.
General Description of Items		No Rain Date / No Refunds
Arts & Craft	One (1) booth— \$50.00	Set up Start: 3:00 pm
7.11.00 0.01.01.0		• Tear Down: No later than
Double Booth	Two (2) booths—\$100.00	9:30 pm
Complimentary	Must have prior approval from	
	Committee Chairman-check box	
	TOTAL DUE	INTERNAL USE ONLY
General Information	: Vendors are responsible for disposing of all trash and removing	• BOOTH#
<u> </u>	e. For additional information please call 407-851-7730 or email spe-	• PAYMENT
	fl.gov. I assume responsibility for the property I will bring to the	• COMPLIMENTARY
	old the City of Belle Isle liable for any damages, theft, or personal	• COMPLIMENTARYINITIAL
injury that may occu	r. I agree for my name/business name, and photos to be used to	1,411/05