



Canaveral Mac Attack at Port Canaveral

Vendor Application Form

(Please Print Legible)

Business Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt #: _____

Email: _____ Resale #: _____

Vendor Type/Participation:

CRAFTER/RETAIL VENDOR - \$75 per space FOOD/BEVERAGE VENDOR - \$200 per space

of spaces needed) _____ Will you have/need power? (Additional charges may apply) _____

Please provide a full description of the items you will be selling:

Total Amount Enclosed: _____

Please email commitments to fishlipsbar@aol.com

Submit payment including all of the appropriate applications to:

The Cove Merchant Association

PO Box 1784

Cape Canaveral, FL 32920

Thank you for your contribution and participation. Please come out and join us, we hope to provide an entire day full of fun for the whole family. For more information, visit www.visitportcanaveral.com or contact Michael Schwarz at fishlipsbar@aol.com

Applicant assumes full liability for any loss or injury resulting from participating in this event, and further agrees to hold The Cove Merchants Association (CMA), the Canaveral Port Authority and the City of Cape Canaveral, its agents, contractors and property owners free from liability. All fees are non-refundable. All fire codes, laws, ordinances and regulations pertinent to health, fire prevention and public safety shall be strictly enforced. All health, fire and safety permits and resale numbers (as required by law and the Canaveral Port Authority) must be on file with the CMA prior to the event. In the event the Port Canaveral Fire Department requires fire retardant vendor tents and table coverings, vendor must comply.

Signature

Date

or CMA use only: Vendor Type _____ Date Rec'd _____ CK/CA/MO _____ Table # _____ Space # _____