

ShrimpFest Vendor/Exhibitor Application

Thank you for your interest in becoming a Vendor or Exhibitor at ShrimpFest, **to be held on February 27th and 28th of 2016!** Space is limited and sites are assigned on a first come, first served basis, so we recommend reserving your site as soon as possible. Vendor and Exhibitor applications will be approved or denied at the discretion of the 2016 ShrimpFest Vendor Coordinator.

ShrimpFest is a charity fundraiser that takes place during the last weekend of February. No vendors or exhibitors offering food or beverages for on-site consumption will be allowed. ShrimpFest will provide these items. Vendors are responsible for supplying their own tents, tables and any additional equipment necessary for their display.

Setup for ShrimpFest may begin no earlier than the Friday before the event at 3 pm, and must be complete by 9 am the following morning. Limited security will be available Friday night.

Site will be located on the southeast side of CR-512. Each vendor space measures 10' x 10' and all display materials must fit within that area.

To reserve your site, please complete the information below. Sign and date the Vendor/Exhibitor Agreement and Local Business Tax Receipt Application and return a copy of each with registration fee (through check made payable to **Sebastian Rotary Foundation**) to:

ShrimpFest
Attn: Vendor Coordinator
P.O. Box 781783
Sebastian, Florida 32978

Company Name: _____

Description of all products to be sold or information to be shared at ShrimpFest:

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

Vendors please note that email will serve as the primary means of event communication, so plan accordingly.

Do you require electricity? (Please circle one) YES NO

There is no separate charge for electric service, but your request must be made in advance through this form.

I would like to reserve _____ spaces for \$250 per space. Total payment enclosed: \$ _____

Please note: All prices include 7% sales tax. A service charge of \$25.00 will be charged for each returned check.

An email will be sent to you prior to February 1 2016 to confirm your registration. It will include your site assignment and details regarding event access for setup, parking, etc. Please direct any questions regarding the Vendor / Exhibitor registration to Marc Gingras at marcqgingras@shrimpfestfl.com.

Thanking you in advance for your support and partnership in the success of our Event!



ShrimpFest Vendor/Exhibitor Application

1. Vendors and Exhibitors must not deviate from the products & information described on their application.
2. No oversized, unmanageable exhibits will be allowed at ShrimpFest. Vendors and Exhibitors MUST keep all of their display and materials within their assigned 10' x 10' space.
3. Vendor and Exhibitor displays must be staffed at all times by at least one adult. No children under 18 years of age should be left unattended.
4. Vendors and Exhibitors will be required to make adjustments to their display space if requested to do so by ShrimpFest Vendor Coordinator.
5. Setup MUST be complete no later than Saturday, Feb 27th at 9 am. No exceptions will be made.
6. Absolutely NO vehicles will be allowed in the event. Vendors and Exhibitors MUST park in the designated area and move their display items to their assigned space by hand, or with the use of a cart or carrier.
7. No pets or smoking is allowed during setup or in the event.
8. No soliciting will be allowed outside of your designated area. Vendors or Exhibitors that continue to solicit outside of their areas will be issued an initial warning. If they continue, they will be asked to leave.
9. Vendors and Exhibitors are responsible for cleaning their area before leaving the event on Sunday evening. Spaces MUST be left in the same or better condition as they were found.
10. No water, food or beverage may be sold OR given away from any booth or exhibit. Vendors and Exhibitors may bring food and drinks for their own personal consumption within their designated space.
11. No adult-oriented merchandise with sexual connotations or merchandise that could be considered drug paraphernalia will be allowed at ShrimpFest.
12. Vendors, Exhibitors and Attendees are not allowed any firearms or weapons of any kind for any reason while attending ShrimpFest.
13. Vendors and Exhibitors are not entitled to complimentary food or drinks while at ShrimpFest. Food and drink tickets may be purchased at the event's main gate.
14. Valuables should not be left unattended. ShrimpFest, event partners and volunteers do not assume responsibility or liability for theft, damage or other loss of property and/or possessions.
15. No refunds will be issued due to inclement weather or acts of nature.
16. Vendors and Exhibitors will be notified of assigned booth space prior to February 1, 2016. As of February 15, 2016 no refunds will be given. There will be ABSOLUTELY NO changes to location if you are not satisfied with your designated site, and registration fees will NOT be refunded. Any refund requests will be approved or denied at the discretion of the Vendor Coordinator.
17. Any Vendor or Exhibitor found in violation of these rules and regulations will be required to leave the event without refund of entry fee.



Vendor / Exhibitor Signature: _____ **Date:** _____

**CITY OF FELLSMERE
22 S. ORANGE STREET
FELLSMERE, FLORIDA 32948**

LOCAL BUSINESS TAX RECEIPT APPLICATION

Date: _____

Dates of Event: _____

(Please type or print clearly)

Applicant's Name: _____

Name of Business: _____

Address of Business: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____ Home Telephone Number: _____

Nature of Business: _____

I certify that the information contained on this Application is true and correct to the best of my knowledge and belief.

Print Name

Title

Signature

Date Signed

State of Florida Driver's License Number: _____

Tag Number: _____

Social Security Number: _____

FEIN (Federal Employee Identification Number): _____

Please note that per State Statute 205.0535(5) either a Social Security Number or FEI Number must be given.

FOR OFFICE USE ONLY

Category: _____

Total Tax: _____

License Number: _____

Penalty: _____

Date Application was received: _____

Total Amount Due: _____

Date License Issued: _____

Date Paid: _____

Receipt Number: _____

Adopted by Resolution 08-F
this 24th day of January, 2008.

EXHIBIT "A"

City of Fellsmere Social Security Number Policy Statement

THE City of Fellsmere recognizes that an individual's Social Security Number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However the City of Fellsmere must collect Social Security Numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's Social Security Number the City of Fellsmere provides the following statement regarding the City's collection of Social Security Numbers:

THE CITY OF FELLSMERE COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- **IDENTIFICATION AND VERIFICATION**
- **CREDIT WORTHINESS**
- **BILLING AND PAYMENTS**
- **DATA COLLECTION, RECONCILIATION, AND TRACKING**
- **BENEFIT PROCESSING**
- **TAX REPORTING**
- **NEW UTILITY ACCOUNT APPLICATIONS**
- **VENDOR REGISTRATION APPLICATIONS**
- **VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS**
- **EMERGENCY TRANSPORT FOR BILLING AND INSURANCE**
- **POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY**
- **BUSINESS TAX RECEIPTS**
- **ANY OTHER LAWFUL PURPOSE**

Each individual who provides a Social Security Number to the City of Fellsmere shall be provided with a copy of this statement. Additional copies of this Social Security Number Policy Statement maybe obtained by contacting the City of Fellsmere's City Hall 21 S. Cypress Street, Fellsmere, Florida 32948-6714, or by visiting our website www.cityoffellsmere.org.