



2019 ARTS AND CRAFTS VENDOR APPLICATION
WEDNESDAY, 17 APRIL 2019— WEDNESDAY, 4 SEPT 2019 (21 WEEKS)
 SET UP: 6PM | SELLING TIME: 7-10PM | BREAKDOWN: 10PM—11PM

Contact Name: _____

Vendor Name: _____

Mailing Address: _____

Email: _____ Website: _____

Social Media: Facebook: _____ Twitter: _____

Instagram: _____ Other: _____

Phone: Main: _____ Cell: _____

Active Credit Card number required for participation in Harbour Nights Credit Card #: _____
 _____ Expiry Date: _____

License Plate #: _____

Requested Rate: *(Includes one 6 foot table, one chair and Harbour Nights Vendor Permit)*

Seasonal Rate \$53/night: <i>21 weeks in total</i>	<input type="checkbox"/> \$1113	
Monthly Rate \$61/night: <i>Select the month(s) you'd like to participate</i>	<input type="checkbox"/> April/May \$427 <i>Includes opening night—Wednesday April 17, Thursday, 25 April, and every Wednesday thereafter.</i>	<input type="checkbox"/> June \$244 <i>4 weeks</i>
	<input type="checkbox"/> July \$305 <i>5 weeks</i>	<input type="checkbox"/> August & September 4 \$305 <i>5 weeks</i>
	Electricity requested:	
<input type="checkbox"/> 110V	<input type="checkbox"/> 220V	<input type="checkbox"/> N/A



ARTS & CRAFTS VENDOR AGREEMENT

I have read the 2019 Guidelines for Vendor Participation and agree with the terms. I understand that there is to be **NO** parking in the No. 1 and No. 5 Parking Lots, and all vehicles should be off the street by 6:00pm. The Bermuda Chamber of Commerce reserves the right to refuse participation if the rules are not met.

Payment must be made at least 6 days prior to the first day of participation direct to the offices of the Chamber. All late payments will be subject to a penalty fee of \$50 per payment. **Failure to make payment before the first Monday of each month may result in termination of contract.**

Application Check List:

<input type="checkbox"/> Read and signed Vendor Guidelines	<input type="checkbox"/> Read and signed Fire Safety Guidelines— <i>if applicable</i>
<input type="checkbox"/> Paid Chamber Membership	<input type="checkbox"/> Signed Insurance Waiver
<input type="checkbox"/> Previously participated in Harbour Nights— <i>if not, leave blank</i>	<input type="checkbox"/> Proof of Insurance— <i>if applicable</i>
<input type="checkbox"/> Completed Vendor Application	<input type="checkbox"/> Copy of Vendor License (BEDC)— <i>if applicable</i>
<input type="checkbox"/> Photos of Products	

I hereby confirm that all fees and unsettled debts related to my participation in Harbour Nights 2019 will be charged to the credit card listed on this application.

Signature: _____ Date: _____

INQUIRIES

Questions regarding this Vendor Agreement should be directed to:

Tanya Cropley Minors

Marketing and Community Outreach Specialist

Phone: (441) 295-4201 Ext 3 | Email: tminors@bcc.bm

(For Office Use Only)

Date Sample Items Received: _____ Date Application Received: _____

Received by: _____

Vendor Application Accepted Refused

Vendor #: _____