



## 2019 CHARITY VENDOR APPLICATION

Contact Name: \_\_\_\_\_

Charity Name: \_\_\_\_\_ Charity Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Social Media: Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Other: \_\_\_\_\_

Phone: Main: \_\_\_\_\_ Cell: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Registered Charity Rate  \$55.00 per night

Electricity requested  110V  220V

*Electricity is limited and therefore not guaranteed.*

There will be three locations available to charities each week. They will be allocated on a first come first served basis. Please indicate ALL nights you wish to participate.

- |                                 |                                 |                                  |                                  |                                      |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Apr 17 | <input type="checkbox"/> May 1  | <input type="checkbox"/> June 5  | <input type="checkbox"/> July 3  | <input type="checkbox"/> August 7    |
| <input type="checkbox"/> Apr 25 | <input type="checkbox"/> May 8  | <input type="checkbox"/> June 12 | <input type="checkbox"/> July 10 | <input type="checkbox"/> August 14   |
|                                 | <input type="checkbox"/> May 15 | <input type="checkbox"/> June 19 | <input type="checkbox"/> July 17 | <input type="checkbox"/> August 21   |
|                                 | <input type="checkbox"/> May 22 | <input type="checkbox"/> June 26 | <input type="checkbox"/> July 24 | <input type="checkbox"/> August 28   |
|                                 | <input type="checkbox"/> May 29 |                                  | <input type="checkbox"/> July 31 | <input type="checkbox"/> September 4 |





## CHARITY VENDOR AGREEMENT 2019

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 7:00pm. 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 Wednesday of each month may result in termination of contract.**

### Application Check List:

- Read and signed Vendor Guidelines
- Chamber Membership
- Previous participation in Harbour Nights—*if not, leave blank*
- Completed Vendor Application
- Sample Photos of Products
- Health License - *if applicable*
- Read and signed Fire Safety Guidelines
- Signed Insurance Waiver
- Proof of Insurance - if applicable
- Copy of Vendor License (BEDC) - *if*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INQUIRIES

Questions regarding this Vendor Agreement should be directed to:

**Tanya Cropley Minors**

*Marketing and Community Outreach Specialist*

Phone: 295-4201 Ext. 3

Email: tcminors@bcc.bm

### **(For Office Use Only)**

Date Sample Items Received: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Vendor Application

Accepted

Refused