



## EXPERIENCE PROVIDER APPLICATION

WEDNESDAY, 17 APRIL 2019 — WEDNESDAY, 4 SEPTEMBER 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 #: \_\_\_\_\_

Description of Experience: \_\_\_\_\_

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

<b>Seasonal Rate \$65/night:</b> <small>21 weeks in total</small>	<input type="checkbox"/> \$1365		
<b>Monthly Rate \$70/night:</b> <small>Select the month(s) you'd like to participate</small>	<input type="checkbox"/> April/May \$490 <small>Includes opening night - Wednesday, 17 April, Thursday April 25 and every Wednesday thereafter.</small>		<input type="checkbox"/> June \$280 <small>4 weeks</small>
	<input type="checkbox"/> July \$350 <small>5 weeks</small>		<input type="checkbox"/> August & Sept 4th \$350 <small>5 weeks</small>
	<b>Electricity requested:</b>		
<input type="checkbox"/> 110V			<input type="checkbox"/> 220V
			<input type="checkbox"/> N/A

Electricity is limited and therefore based on a first-come, first-served basis. The Chamber does not guarantee electricity.



## EXPERIENCE PROVIDER AGREEMENT 2019

An Experience Provider is a Harbour Nights category for those who provide activities/services that should have read the 2019 Guidelines for Vendor Participation and agree with the terms. I understand that there is to be **NO** parking in lots No. 1 or No. 5 Parking Lot, and all vehicles should be off the street by 6:45pm. The Bermuda Chamber of Commerce reserves the right to refuse participation if the rules are not met.

Payment must be made in 8 business days in advance of the date of participation direct to the offices of the Chamber. Payment will not be accepted on the street. All late payments will be subject to a penalty fee of \$40 per payment. Failure to make payment before the first Wednesday 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
<input type="checkbox"/> 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 Public Health License
<input type="checkbox"/> Sample Photos of Products	<input type="checkbox"/> Copy of Vendor License (BEDC) - if applicable

*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 #: \_\_\_\_\_