



The Bermuda Way of Life

SNACK FOOD VENDOR APPLICATION

THURSDAY, 26 APRIL 2018— WEDNESDAY, 29 AUG. 2018 (19 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: _____

Credit Card #: _____ Expiry Date: _____

Active Credit Card number required for participation in Harbour Nights

License Plate #: _____

Product/Service Description: _____

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

Seasonal Rate \$47/night:	<input type="checkbox"/> \$893	
Monthly Rate \$57/night: <i>Select the month(s) you'd like to participate</i>	<input type="checkbox"/> April/May \$342 <i>Includes opening night - Thursday, 26 April 2018, and every Wednesday thereafter.</i>	<input type="checkbox"/> June \$228
	<input type="checkbox"/> July \$228	<input type="checkbox"/> August \$285
	Electricity requested:	<input type="checkbox"/> 110V

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

Please note: there will be no refunds for inclement weather or vendor cancellations.



SNACK FOOD VENDOR AGREEMENT

I have read the 2018 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 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"/> Paid Chamber Membership	<input type="checkbox"/> Signed Insurance Waiver
<input type="checkbox"/> Previously participated in Harbour Nights—if not, leave blank	<input type="checkbox"/> Proof of Insurance—if applicable
<input type="checkbox"/> Completed Vendor Application	<input type="checkbox"/> Copy of Public Health License
<input type="checkbox"/> Photos of Products	

I hereby confirm that all fees and unsettled debts related to my participation in Harbour Nights 2018 will be charged to the credit card listed on this application.

Signature: _____ Date: _____

INQUIRIES

Questions regarding this Vendor Agreement should be directed to:

Korrin Lightbourne

Marketing and Community Outreach Coordinator

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

(For Office Use Only)

Date Sample Items Received: _____ Date Application Received: _____

Received by: _____

Vendor Application Accepted Refused

Vendor #: _____