



**VENDOR SPACE INVITATION**

**PLEASE JOIN US**

**SHAMROCKIN' FEST**

**LEESBURG, FLORIDA**

**MARCH 15, 2024 - 4:00PM-9:00PM**

**MARCH 16, 2024 - 10:00A.M.-5:00P.M.**

### **Festival Rules:**

1. All Merchants must exhibit and be present during the Festival, March 15<sup>th</sup> 4PM to 9PM and March 16<sup>th</sup> 10am - 6pm. Set up may start at 7am March 15<sup>th</sup> and be complete no later than 3:30pm.
2. An accepted application is a commitment to participate in the Festival, and no refunds will be made for cancellations.
3. Each Vendor is responsible for collecting Florida state sales tax (7%) on sales made during the Festival and reporting and paying to the state respectively.
4. **Smoking is only allowed in designated areas.**

### **Completed Application Package Must Include:**

- Completed Application Form
- All fees: Booth space.
- All Vendors must include proof of insurance with Firefighter Charity of Central Florida as additionally insured for \$1,000,000.
- Send all applications to:

Firefighter Charity of Central Florida  
2880 David Walker Dr. Ste 166  
Eustis, FL 32726

Or

Email: [brian@firefightercharityCF.org](mailto:brian@firefightercharityCF.org)

### **DEADLINES:**

Applications must be postmarked no later than March 5, 2024 to be considered. Incomplete packages will not be considered. Once a Vendor has been accepted, Vendor's check will be deposited, and acceptance is a commitment to the Festival.

## Terms & Conditions

**Safe Operation:** Vendor agrees to perform all activities while on location, pursuant to the laws of the State of Florida, Lake County, Florida, and the City of Leesburg, Florida, including any and all regulations regarding safety and/or the safe operation of all related equipment. This duty shall exist at all times and relate to all activities that vendor carries out while on location, including, but not limited to, all set-up and break-down of equipment, storage of equipment and merchandise, and operation of equipment.

**Licenses and Permits:** Vendor hereby affirms that it now, and throughout the term of this contract, possesses and maintains all licenses and permits to perform such activities in the State of Florida, Lake County, Florida and/or the City of Leesburg, Florida, including but not limited to those related the safe operation of any related equipment, the contracted activity, and the sale of merchandise.

**Indemnification:** Vendor agreed to indemnify fully and save and hold harmless Firefighter Charity of Central Florida, its directors, officers, employees, and agents against all damages, claims, liabilities and causes of action of every kind and nature. Firefighter Charity of Central Florida shall give Vendor prompt and reasonable notice of any claims and actions and Vendor shall have the right to investigate, compromise and defend the same to the extent of Vendors own interest.

**Waiver of Claims:** The Firefighter Charity of Central Florida and its agents shall not be held liable for and Vendor hereby releases all claims of damage to or loss of property sustained by Vendor or any person claiming through Vendor resulting from any fire, accident, occurrence, theft, or condition in or upon the grounds/site in connection with this event.

I agree to comply with Festival rules. I understand and agree that the Firefighter Charity of Central Florida or any other sponsoring organization will not be responsible for or liable for any damage or loss to the work of the participants or personal liability in connection with the Faire.

**Vendor grants permission to the Firefighter Charity of Central Florida to utilize vendor's image or likeness in connection with any live or recorded transmission or reproduction of such event**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Firefighter Charity of Central Florida  
March 15 & 16, 2024  
**VENDOR APPLICATION FORM**

Vendors's Name:

---

Shoppe Name:

---

Address:

---

City, State, Zip:

---

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Florida Tax I.D. No: \_\_\_\_\_

Other Shows Participated

---

**Instructions:**

- Check appropriate booth requirements below.
- MAKE ALL FEES PAYABLE TO THE **Firefighter Charity of Central Florida or pay online**
- Venmo payments are accepted @FirefighterCharity
- Send this form and Proof of Insurance\* to:

Firefighter Charity of Central Florida  
2800 David Walker Dr, Ste 166  
Eustis, FL 32726

Or

Email at [brian@firefightercharityCF.org](mailto:brian@firefightercharityCF.org)

- \*A certificate of Insurance is required of all Vendors. This certificate must have the Firefighter Charity of Central Florida named as additional insured and must have minimum liability coverage of \$1,000,000 for bodily injury and property damages. The vendor must show proof that the insurance cannot be cancelled without at

least a 10-day prior written notice to certificate holders. A copy of liability insurance certificate must be included with vendor application.

- Rain or shine event. No refunds due to weather or no show.

**Vendor Space Fees** (tents must be secured)

<b>Vendor Type</b>	<b>10'x10'</b>	<b>10' x 20'</b>	<b>10' x 30'</b>
<b>Totals</b>			
10x 10 March 16, 2024 Only	\$50		\$ _____
10x10 March 15 & 16, 2024	\$75		\$ _____
The fee is \$25 for each additional space needed			
Additional Space 10x20	\$25		\$ _____
Additional Space 10x30	\$25		\$ _____
Total			\$ _____

**Description of Merchandise/Services:**

Vendor agrees that the following is an accurate description of merchandise/services to be brought to the Festival:

---

---

---

**Booth Operation:**

Please List how many people will be working your booth, names of all workers in your booth.

---

---

---

---

---

Emergency Vendor Information Sheet  
Please complete and turn in at check in

Booth Name \_\_\_\_\_

Proprietor Name \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

Vehicle/ Make/ Model/Color \_\_\_\_\_

License Tag # \_\_\_\_\_ State \_\_\_\_\_

---

Staff Use Only

---

Approved by board \_\_\_\_\_Y \_\_\_\_\_N

Payment Received \_\_\_\_\_Y \_\_\_\_\_N Date: \_\_\_\_\_