

The Flagler Avenue Hospitality Group

STREET FESTIVAL ENTRY FORM

Event: New Smyrna Beach Food Festival Date: April 19, 2018
Setup Time: 3:30PM to 4:30PM Tear Down Time: 9 to 10PM
Place: Flagler Avenue, New Smyrna Beach, FL

Please fill out this form and return no later than April 16, 2018 with your check to:
FABA Hospitality Group, c/o TaDa Gallery 306 Flagler Avenue, New Smyrna Beach, FL 32169.

Entry fee for each 10 x 10 space on Flagler Avenue is as follows:

\$25 – Non Profit Organizations \$50 – Crafter/Hand Made Items \$50 – All Other Vendors

Checks should be made out to **FABA Hospitality Group**.

Entrant or Business: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

E-Mail Address: _____

Booth Description: _____

Booth Size: 10x10 (\$Fee X 1) 10x20 (\$Fee X 2) 10x30 (\$Fee X 3)

For more information or questions about the event,
Drita Travis at 386-690-9284

www.partyonflagler.com

Check made out to FABA Hospitality Group must be included with Entry Form
This event will go on **RAIN OR SHINE!!** No Rain Date and No Refunds.

Additional Information:

1) INDEMNIFICATION: By signing this application, Vendor agrees to indemnify fully and save and hold harmless the City of New Smyrna Beach, Merchants of Flagler, Inc., their officers, employees and agents, against any and all damage claims, liabilities and causes of action of every kind and nature (including but not limited to fire, accident, occurrence, theft or condition in or upon the ground/site), to the extent they are not caused by the conduct of the Merchants of Flagler, Inc. or the City of New Smyrna Beach, their agents or employees. Nothing contained in this Agreement shall be constituted as a waiver of the City's sovereign immunity granted pursuant to Section 768.28, Fla. Stat".

2) "I have read and agree to abide by all the rules governing the Flagler Avenue Event. I do hereby release and hold harmless the City of New Smyrna Beach, and the Merchants of Flagler from any and all manner of actions, suits, damages, or claims whatsoever arising from any loss or damage to my property, or anyone's property in my possession or supervision. I shall comply with all applicable Federal, State and local laws, rules and regulations. I understand that I am wholly responsible for collecting and submitting Florida Sales Tax (6.5% Volusia County) during this event."

Signature: _____

Title: _____

Name (Please Print): _____

Date: _____