

# Cruise-In Car Show Vendors Application



Check One:  Table  Tent

Trailer – Size (includes hitches, extended bumpers, propane cylinders, generators, etc.): \_\_\_\_\_

Serving Window: Driver or Passenger Side or Rear

Booth: \$25.00 (\$10.00 non profit organizations)

Electric: Yes No Additional \$5.00

Date Filled Out: \_\_\_\_\_ Date of Show: \_\_\_\_\_

Vendor/Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

All Products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Non-Profit Org. Only**

ID #: \_\_\_\_\_

**Food Vendors Only**

License # \_\_\_\_\_

## REGISTRATION & PAYMENT DEADLINE ONE WEEK PRIOR TO EVENT

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Paid:  Check Nbr: \_\_\_\_\_  Cash  Credit Card Initial: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 digit code \_\_\_\_\_

Name- PRINT (as appears on card) \_\_\_\_\_

Signature (authorizing the Chamber to charge your card) \_\_\_\_\_

Billing Address, City, Zip \_\_\_\_\_

**Dade City Cruise-In Vendor Receipt**

**OFFICE USE ONLY**

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

Vendor Company Name & Owner's Name: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ How Paid:  Check Nbr: \_\_\_\_\_  Cash  Credit Card Initial: \_\_\_\_\_

# INSTRUCTIONS

1. **Form must be printed legibly – Please Print and complete all information required.**
2. **Fill out areas boxed with double line on form completely. Mail to Greater Dade City Chamber of Commerce, 14112 8<sup>th</sup> Street, Dade City, FL 33525 or deliver with payment to the Greater Dade City Chamber of Commerce 1 week prior to event.**
3. **Food Vendors are required to submit their price list with their application.**
4. Arrive at 2:00 p.m. the day of Cruise-In to set up; vendor vehicles **must** be moved by 2:45 p.m.
5. Booth space is 12x12 (if trailer is over 12 ft, you will be assigned 2 spaces), you must fill in size of trailer including tongue and generator.
6. The chamber reserves the right to limit vendors and items sold.

## Vendors Responsibility

1. **Setup for Cruise-In must begin at 2:00 p.m. No vendors will be allowed to set up after 2:45 p.m.**
2. All Vendors must remain in place until the end of the Cruise-In. Leaving early may potentially pose risk to the public.
3. **Vendors are not allowed to pass out flyers throughout the event crowd. You must stay within your space.**
4. Any vendor that leaves early must submit in writing a reason for our committee to review prior to being allowed to participate in future Chamber events.
5. **Cancellation Policy** – Vendors may cancel their reservations no less than 48 hours in advance with no fee. Any cancellations or no-shows will result in being invoiced at the normal vendor rate; you will not be allowed to participate in the event next month and must be paid prior to being able to participate in any future Chamber events.
6. Vendor locale is determined by the needs of the event. A concentrated effort will be made to place vendors in requested locations. However, location of vendor placement may change from event to event or may change monthly.
7. Vendors may only sale pre-approved products. All products approved for sale must meet the qualifications of Pasco County Health Board.
8. Vendors, upon applying to this event, understand that there will be no refunds due to the event being cancelled because of weather or circumstances beyond the control of the Chamber and the sponsors.
9. Vendors, upon applying to this event, release the Chamber and sponsors from any and all liability that may result of their participation in this event.

**DEADLINE: PREPAID ONE WEEK PRIOR TO EVENT**



**First Saturday of  
Every Month**

**3:00pm –  
8:00pm**

