

Vendor Application Form

EVENT INFORMATION

Event Name: _____

Date: _____

Venue: _____

Time: _____

VENDOR APPLICATION FORM

1. APPLICANT INFORMATION

Business/Organization Name: _____

Owner/Contact Person: _____

Mailing Address: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Website/Social Media Page: _____

2. VENDOR CATEGORY

Please check the category that best describes your business:

Traditional Food & Beverages (Creole, local foods)

Indigenous Meals (Specific to Tobago)

Arts & Crafts

Heritage & Cultural Merchandise

Handmade Products

- Clothing & Accessories
- Books & Educational Materials
- Community Organization/Promotions
- Children's Activities
- Other: _____

3. PRODUCTS/SERVICES TO BE SOLD OR DISPLAYED * Mandatory Response

Please provide a brief description of the items you intend to vend:

4. BOOTH REQUIREMENTS

Booth Size Requested:

- 10' x 10'
- 10' x 20'
- Other: _____

Will you bring your own tent/display equipment?

- Yes
- No

What other Infrastructure will you provide?

5. FOOD VENDORS ONLY

Do you and your assistants possess the required Food Handler's Certificate and relevant approvals?

Yes

No

Please list food items:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. FEES

Vendor Fee: 10 x 10 = \$750

Vendor Fee: 20 x 20\$ = 1,500

Vender Fee: 10 x 20 = \$1,200

Payment Method:

Cash

Payment Received:

Yes

No

Receipt No.: _____

7. AGREEMENT

I hereby apply to participate as a vendor at the Ole Time Heritage Fair, hosted by the Tobago Festivals Commission Limited.

I agree to comply with all event rules and regulations. I understand that the organizers reserve the right to approve or reject applications and that I am responsible for maintaining clean, safe, and professional booth space during the event.

I agree that if in breach of any of the protocols expressed at the debriefing meetings, I am subject to be removal or debarred from vending upon inspection by the Health Department and TFCL.

Applicant Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Application Received By: _____

Date Received: _____

Vendor Approved:

Yes

No

Booth Number Assigned: _____

Comments:

Authorized Signature: _____

Events Project Coordinator

Date: _____