

Fellsmere Day
100th BIRTHDAY
Saturday, April 2nd, 2011
BOOTH REGISTRATION

*NAME of Applicant/Contact Person _____
*BUSINESS NAME: _____
*ADDRESS _____
*CITY, STATE, ZIP _____
*PHONE _____ FAX _____
EMAIL _____
*TYPE OF BUSINESS _____ *# OF SPACES REQUIRED: _____

REQUIRED FIELDS ARE MARKED WITH AN (*)

RELEASE OF LIABILITY: I hereby waive and release any and all claims for damages against the City of Fellsmere/ Fellsmere Beautification /Fellsmere Day Committee and all agents for any and all injuries suffered by participation in Fellsmere Day. I also agree to the publishing of any and all pictures from Fellsmere Day.

*SIGNATURE _____ *DATE: _____

1. Space are 12'x12' and will be located on the grounds of the Old Fellsmere School on South Orange Street and County Road 512. Booth set up begins at 8:00AM on Saturday, April 2, 2011.
2. All food concessions are responsible for having all required licenses.
3. A local business tax receipt (LBTR) is required by the City of Fellsmere. A LBTR application must be completed and submitted with fee of \$5.00 with this form.
4. Make all checks payable to the: CITY OF FELLSMERE. All forms and payments must be received by March 19, 2011.
5. Every Vendor must have a Fire Extinguisher.
6. Only Fire resistant canopies will be permitted.
7. All booths will be inspected for compliance with all rules and regulations.
8. NO fireworks of any kind may be sold or discharged.
9. The City of Fellsmere is not responsible for merchandise sold.
10. No Alcoholic Beverages may be sold.
11. **No power will be provided, No refunds, rain or shine.**

Booth Fees

<u>Type of Organization</u>	<u>FEE</u>
Non profit Organization -----	\$10.00
Business Merchandise Concession-----	\$20.00 Plus \$5.00 LBTR total \$25.00
Business Food Concession-----	\$25.00 Plus \$5.00 LBTR total \$30.00

Complete in Full and Send with Payment by March 19, 2011 to:

*City of Fellsmere/Fellsmere Day
22 South Orange St.
Fellsmere, FL 32948*

Phone: 772- 360-5885 Fax: 772-571-1904

Email: fellsmereDay@yahoo.com

Set Up Time: 8:00am – 11:00am
Booths will remain Open: 11:00am – 6:00pm
(All vendors are welcomed to stay
until the end of the event (10pm)

**CITY OF FELLSMERE
22 S. ORANGE STREET
FELLSMERE, FLORIDA 32948**

LOCAL BUSINESS TAX RECEIPT APPLICATION

Date: _____ Dates of Event: _____

(Please type or print clearly)

Applicant's Name: _____

Name of Business: _____

Address of Business: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____ Home Telephone Number: _____

Nature of Business: _____

I certify that the information contained on this Application is true and correct to the best of my knowledge and belief.

Print Name

Title

Signature

Date Signed

State of Florida Driver's License Number: _____

Tag Number: _____

Social Security Number: _____

FEIN (Federal Employee Identification Number): _____

Please note that per State Statute 205.0535(5) either a Social Security Number or FEI Number must be given.

FOR OFFICE USE ONLY

Category: _____

License Number: _____

Date Application was received: _____

Date License Issued: _____

Total Tax: _____

Penalty: _____

Total Amount Due: _____

Date Paid: _____

Receipt Number: _____