



CAPE BIKE NIGHT

Mail to:
City of Cape Coral
Attn: Special Events Division
PO Box 150027, Cape Coral, FL 33915

www.ccbikenight.com
For More Information:
(239)242-3209
Fax#:(239)573-3130

VENDOR APPLICATION - NON FOOD VENDORS ONLY

Cape Coral Parks and Recreation is proud to continue the Bike Night events. The staging area for vendor placement is located at SE 47th Terrace and SE 8th Court, GPS address below. Please report to the staging area between 1:00pm and 3:00pm for placement; do not attempt to place yourself without checking in with a member of the Event Team, and please do not leave equipment, tents, etc. unattended at any time after check in. **YOU MUST CHECK IN WITH EVENT STAFF.** Late arrivals will be placed at the discretion of the Event coordinators, there will be no vendors placed after 3:00PM. All

Vendor Check-In Address: 846 SE 47th Terrace, Cape Coral, Florida 33904

It is the goal of this division to place vendors in the location of their choosing, but this is not always possible. Please take in to consideration the entire size requirements of your booth, and/or trailer, truck, etc. when signing up for your space. Please be respectful of all the vendors and the space you have rented, and be ready for business by 4:00pm; all vehicles and trailers must be off the road by 4:00pm.

Vendors are responsible for their trash. **DO NOT** leave boxes, garbage bags, on the street when you leave. Trash left in your space can and will result in additional fees. There is a large dumpster conveniently located at SE 8th Court (across from the Hess Station) for trash disposal. **NO WEAPONS WILL BE PERMITTED TO BE SOLD!** The Special Events Staff have the right to not allow a vendor to sell items that are deemed unsafe or not appropriate for the event. Subleasing your space is prohibited. Vendors that don't comply will be removed from event with no refund.

- \$135 - 10' X 15' BOOTH SPACE**
- \$225 - 10' X 30' BOOTH SPACE**
- \$400 - 10' X 60' BOOTH SPACE**
- \$25 - ELECTRICAL POWER - LIMITED**
(Check box and staff will confirm your reservation)

Select Date(s) Attending:

- October 10, 2015 December 12, 2015 February 13, 2016 April 9, 2016

Contact & Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Product Description _____

Checks Payable to : The City of Cape Coral

DL#: *- required for payment by check -* _____

Credit Card _____ Type of Card _____

EXP. Date _____ CVV Code _____ Zip Code for Card _____

Hold Harmless Release Form:

In participation of this event I hereby, for myself, my heirs, executors and assigns, do waive, release, and hold the City of Cape Coral harmless from all claims or causes of action for damages or personal injury suffered by me while participation in this event. Whether known or unknown, and I understand that I am assuming the risk for any damages or injury to my property or person which I may sustain while participating in this event. If I should suffer any injury or illness, I authorize the employees of the Cape Coral Parks and Recreation Department to use discretion to have me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or other material related to the event for publicity, promotion or news purpose.

Signature: _____