



# Vendor Application Form

Join us for Heart of Florida Health Centers' First Annual BBQ Bash! This event is an opportunity to connect with the community while supporting patient care.

Vendors of all types are welcome, including food trucks, crafts, artisans, and service providers.

## Vendor Information

**Organization/Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website/Social Media Links (if applicable):** \_\_\_\_\_

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## Description of Products/Services:

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## Vendor Requirements:

### 1. Fees:

- Food/Beverage Vendors: \$150
- Non-Food Vendors: \$100
- Nonprofit Organizations: \$50

Payment is due upon application approval. Fees are non-refundable.

### 2. Setup and Breakdown:

- Setup: April 4 (2:00 PM - 4:30 PM)
- Breakdown: April 5 (6:00 PM - 8:00 PM)

Vendors must provide their own tents, tables, chairs, and any other necessary equipment.

3. **Electricity:** Limited spaces with electricity are available. Please indicate your needs below:

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4. **Insurance:** Vendors must provide proof of liability insurance naming Heart of Florida Health Center as an additional insured.
5. **Licensing:** Food vendors must comply with all local health and safety regulations. Proof of licensing is required.

**Additional Requests/Notes:**

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**Application Submission:**

Please submit your completed application along with proof of insurance and any required documentation by **March 15, 2025**.

Email to: [alex.ferko@myhfhc.org](mailto:alex.ferko@myhfhc.org)

**Payment Methods:**

Once approved, payment instructions will be provided.

**Questions?**

Contact us at [alex.ferko@myhfhc.org](mailto:alex.ferko@myhfhc.org) or call (352) 304-2800

We look forward to having you join us for this exciting community event!