Holiday Festival Of Lights

fun to do SOCIAL MEDIA

CHAMBER OF COMMERCE OF CAPE CORAL

NON-PROFIT

VENDOR APPLICATION

SATURDAY, DECEMBER 5, 2026

CAPE CORAL PARKWAY · 4 – 10 PM

Payment and certificate of insurance are due with this application.

EVENT DETAILS

The Chamber of Commerce of Cape Coral is proud to continue the Holiday Festival of Lights. The staging area for vendor placement is on Cape Coral Parkway.

Vendor check-in: Vincennes Street & Cape Coral Parkway, **10:00 AM – 1:00 PM**. You **must** check in with Event Staff before placement; do not place yourself. Late arrivals are placed at the coordinators' discretion, and no vendors are placed after 1:00 PM.

We aim to place vendors where they choose, but it isn't always possible. Plan for the full size of your booth and any trailer or truck when choosing a space, and respect neighboring vendors.

All vehicles and trailers off the road by 3:00 PM. Be ready for business by **3:30 PM**. Never leave equipment or tents unattended after check-in.

No refunds for inclement weather or event cancellation.

CHOOSE YOUR SPACE

$150 ☐
Non-profit vendor space
10x15 space with power
CHAMBER MEMBER RATE

$200 ☐
Non-profit vendor space
10x15 space with power
NON-MEMBER RATE

TOTAL AMOUNT DUE $ _____

Fills in automatically when you tick a space (Adobe Reader / Acrobat).
Make checks payable to: Chamber of Commerce of Cape Coral.

VENDOR INFORMATION

ORGANIZATION NAME

CONTACT NAME

CONTACT TITLE

ORGANIZATION ADDRESS (INCLUDING CITY, STATE, ZIP)

PHONE NUMBER

EMAIL ADDRESS

FAX NUMBER

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PAYMENT

PAYMENT TYPE (CHECK ONE) ◯ Check ◯ Cash ◯ Credit card

CARD NUMBER | EXPIRATION (MM/YY) | CVV CODE | BILLING ZIP

TYPE OF CARD | NAME ON CARD | AUTHORIZED SIGNATURE | DATE

LIABILITY INSURANCE REQUIRED

A **Certificate of Liability Insurance** naming the **Chamber of Commerce of Cape Coral, Inc.** as additional insured must be submitted with your application. Limits must be at least **$100,000 per occurrence** and **$1,000,000 aggregate** for the vendor. The certificate must cover the date you are at the Holiday Festival of Lights and otherwise be acceptable to the Chamber.

FLIP
Food Liability Insurance Program
260 South 2500 West, Suite 303
Pleasant Grove, UT 84062
844.520.6992 · info@fliprogram.com
www.fliprogram.com

Campbell Risk Management
Larry Spilker
9595 Whitley Drive #204
Indianapolis, IN 46240
800-730-7475 x203
lspilker@campbellrisk.com
www.campbellriskmanagement.com

ACT Insurance
Artists, Crafters & Tradesmen
844.520.6991
info@actinsurance.com
www.actinsurance.com

GOOD TO KNOW

- Bring your own **tent, tables and chairs** and a **100 ft extension cord**. Your space has access to electricity, but the connection may not be at your space.
- **Do NOT plug into outlets in the median** – those are for the city trees only. Vendors who do may be removed without a refund.
- Vendors are responsible for their trash. Don't leave boxes or bags on the street; use the large dumpster provided. Trash left in your space will result in additional fees and could affect future participation.
- Chamber staff may refuse items deemed unsafe or inappropriate. **Subleasing your space is prohibited.** Vendors who don't comply will be removed with no refund.
- **There is only ONE Santa!** Anyone in your booth dressed as Santa will be asked to leave or change immediately.

HOLD HARMLESS RELEASE

In participation of this event I hereby, for myself, my heirs, executors and assigns, do waive, release, and hold the Chamber of Commerce of Cape Coral harmless from all claims or causes of action for damages or personal injury suffered by me while participating 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 Chamber of Commerce of Cape Coral 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 purposes. By signing below, I also acknowledge that I am responsible for providing my own 100 ft extension cord to access the electrical source.

SIGNATURE | PRINTED NAME | DATE