



# FOOD 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 at the intersection of Vincennes Street & Cape Coral Pkwy E.

**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 MENU & SPACE

| <input type="checkbox"/> SNACK MENU                      | PRICED PER FOOT                  |
|----------------------------------------------------------|----------------------------------|
| <input type="radio"/> <b>\$15/ft</b> Chamber Members     | TOTAL FT. <input type="text"/>   |
| <input type="radio"/> <b>\$25/ft</b> Non-Chamber Members | SUBTOTAL \$ <input type="text"/> |

| <input type="checkbox"/> FULL MENU                       | PRICED PER FOOT                  |
|----------------------------------------------------------|----------------------------------|
| <input type="radio"/> <b>\$30/ft</b> Chamber Members     | TOTAL FT. <input type="text"/>   |
| <input type="radio"/> <b>\$40/ft</b> Non-Chamber Members | SUBTOTAL \$ <input type="text"/> |

**TOTAL AMOUNT DUE \$**

*Pick a rate and enter your feet; totals fill in automatically in Adobe Reader.  
Make checks payable to: Chamber of Commerce of Cape Coral.*

## VENDOR INFORMATION

COMPANY NAME

CONTACT NAME

CONTACT TITLE

COMPANY 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@flipprogram.com  
www.flipprogram.com

### Campbell Risk Management

*Larry Spilker*  
9595 Whitley Drive #204  
Indianapolis, IN 46240  
800-730-7475 x203  
lspilker@campbellriskmanagement.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