



Adequan® Global Dressage Festival

Presented by Equestrian Sport Productions, LLC

2016 Vendor Application

Business Information	Vendor Contact Information
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Name of Business		
Street Address		
City	State	Zip Code
Email Address		
Business Phone	Fax	
Website Address		

Name of Representative	
Phone Number	
Nature of Business / Product Description	

EXHIBIT INFORMATION

Booth Size _____ Trailer Size _____
 (For BOOTH & TRAILER, please fill in requested dimensions)

	VENDOR COURT STANDARD RATE		PRIME RATES LAWN AND LOWER PATHWAYS	
	CDI WEEKS	NATIONAL WEEKS	CDI WEEKS	NATIONAL WEEKS
10 x 10	\$480	\$240	\$575	\$288
10 x 20	\$600	\$300	\$720	\$360
20 x 20	\$840	\$420	\$1000	\$500
Trailer (up to 200 sq. ft.)	\$600	\$300	\$720	\$360
Trailer (additional over 200 sq. ft.) \$2 per sq. ft.				

ELECTRIC	RATE
20 AMP	\$55
50 AMP	\$110
Walls 4ft x 8 ft	\$50
Floor \$3.00 per square foot	

*VOW Business License and Insurance Required.

Show	Event Date	Space/Tent Cost	Electric	Floor	Walls	Subtotal
WK 0 Para Dressage CDI-CPEDI	Jan. 7- 10, 2016	\$	\$	\$	\$	\$
WK 1 Dressage CDI-W	Jan. 13 - 17, 2016	\$	\$	\$	\$	\$
WK 2 National Dressage	Jan. 20 - 24, 2016	\$	\$	\$	\$	\$
WK 3 Dressage CDI-W	Jan. 27 - 31, 2016	\$	\$	\$	\$	\$
WK 4 Eventing Showcase	Feb. 3 - 7, 2016	\$	\$	\$	\$	\$
WK 5 Dressage CDI 5*	Feb. 10 - 14, 2016	\$	\$	\$	\$	\$
WK 6 National Dressage	Feb. 17 - 21, 2016	\$	\$	\$	\$	\$
WK 7 Dressage CDI-W/ CDI 1*	Feb. 24 - 28, 2016	\$	\$	\$	\$	\$
WK 8 Dressage CDI-W/1 PB Derby*	Mar. 2 - 6, 2016	\$	\$	\$	\$	\$
WK 9 National Show	Mar. 9 - 13, 2016	\$	\$	\$	\$	\$
WK 10 Dressage CDI 4*	Mar. 16 - 20, 2016	\$	\$	\$	\$	\$
WK 11 TBA	Mar. 23 - 27, 2016	\$	\$	\$	\$	\$
WK 12 Dressage CDIO 3*	Mar. 30 - Apr. 3, 2016	\$	\$	\$	\$	\$
SUBTOTAL		\$	\$	\$	\$	\$

FAX APPLICATION TO:
Equestrian Sport Productions, LLC 561.753.0394
or email annette@equestriansport.com

TOTAL FEES	\$
6% Sales Tax	\$
GRAND TOTAL	\$
25% Deposit Due	\$

Are you a sponsor? YES NO

I HEREBY apply for the concession space and services at the 2016 Adequan® Global Dressage Festival. 25% deposit due with application.

SIGNATURE: _____ Date: _____

Equestrian Sport Productions hereby reserves the right to reject a vendor application at its discretion, or if product or services are in conflict with the specifications and/or interests of Equestrian Sport Productions or of the USEF, Inc.

Visa, Mastercard or American Express or check/money order enclosed

Card Number: _____ Exp. Date: _____ Val. No. _____

Visa Mastercard AmEx Name on Card: _____

Billing address if different from above: _____



2016 VENDOR RULES, REGULATIONS, AND POLICIES

SPACE ASSIGNMENTS will be made for application received by October 31, 2015. Applications received after that date will be processed on a “space available” basis.

The following criteria will be followed for assigning spaces from applications received and approved: 1) the order in which the application is received; 2) the number of years vendor has exhibited; 3) the length of time and size requested; and 4) compatibility with other vendors in the same area. Vendor space preferences are weighed with the applicant’s choice, but it must be recognized that there may be several applicants for the same exhibit space.

LEASE AGREEMENTS sent upon approval of Vendor Applications must be completed, signed on the back and returned to Equestrian Sport Productions. Mailing Address Attn: Annette Goyette 14440 Pierson Rd. Wellington, FL 33414 by November 30, 2015.

PAYMENT SCHEDULE - A 25% deposit of the total contract amount must be enclosed with the signed application. An additional 25% deposit is due with the returned lease agreement, which will be nonrefundable upon acceptance. Locations will not be assigned until proper deposits have been received. Balance shall be paid upon arrival or prior to opening on Wednesday of each show week.

PERSONNEL & PARKING PASSES for admission to the show grounds, 13500 South Shore Blvd., Wellington, FL 33414, will be given to each accepted vendor upon arrival. Each vendor will receive 2 parking passes.

WELLINGTON AND PALM BEACH COUNTY OCCUPATIONAL LICENSE: *The Village of Wellington requires all vendors to have a business license. Forms for this application will be included in your packet. All vendors must provide Equestrian Sport Productions with proof of license application and payment to the Village of Wellington and Palm Beach County prior to set up.*

INITIAL SET-UP will begin January 11, 2016. Each vendor is responsible for scheduling arrival with the vendor department. **Early arrivals will be charged accordingly.** Weekly set-up will be from 9:00 am to 5:00 pm on the **Tuesday** of each show week. Each vendor must be in place one half-hour prior to the opening on the first show day and must have personnel at its booth area during all show hours. Each vendor must be removed by midnight of the last show date contracted. **Vendors with trailers in the trailer area must be removed by April 11, 2016.** Those trailers not removed will be charged accordingly. Vehicles will be allowed in the area only for the initial set-up and tear down. Vehicles will not be allowed in the area at any other time.

SECURITY to safeguard vendor’s property either during the show or after shows hours is the vendor’s responsibility. All property left in the booth during the show or after the show will be left at the vendor’s risk. It is the responsibility of the vendors, individually or collectively, to arrange for security for their vendor space. Equestrian Sport Productions will not be responsible for the security of each individual vendor space.

CONTRACTED SPACES: **As stated in the lease agreement, vendors agree not to assign, sub-lease, subcontract, apportion or share the whole or part of the exhibit space assigned without consent of Equestrian Sport Productions. Vendors in violation of this agreement will be subject to loss of space at management’s discretion.**

REGULATIONS AND POLICIES have been formulated in the best interest of all vendors and made part of the contract for the 2016 Adequan Global Dressage Festival between the vendor and Equestrian Sport Productions. All matters and questions not covered by these regulations and policies and the lease agreement are subject to the decision of Equestrian Sport Productions. These regulations and policies may be amended by Equestrian Sport Productions at any time with the understanding that notification of any amendments must be in writing to be binding on both parties.

SIGNAGE AND PROMOTIONAL BRANDING displayed on the exterior structure or perimeter of vendor booth or trailer space will be restricted only to Official Adequan Global Dressage Festival sponsor brands. Equestrian Sport Productions reserves the right to approve exterior signage and promotional branding to ensure vendor brands promoted are not in conflict with Official event sponsors. Signage and Promotional Branding is defined as: banners, posters, logoed table linens, flags, tents and any logoed item to be used as marketing of a brand that is not an Official event sponsor.

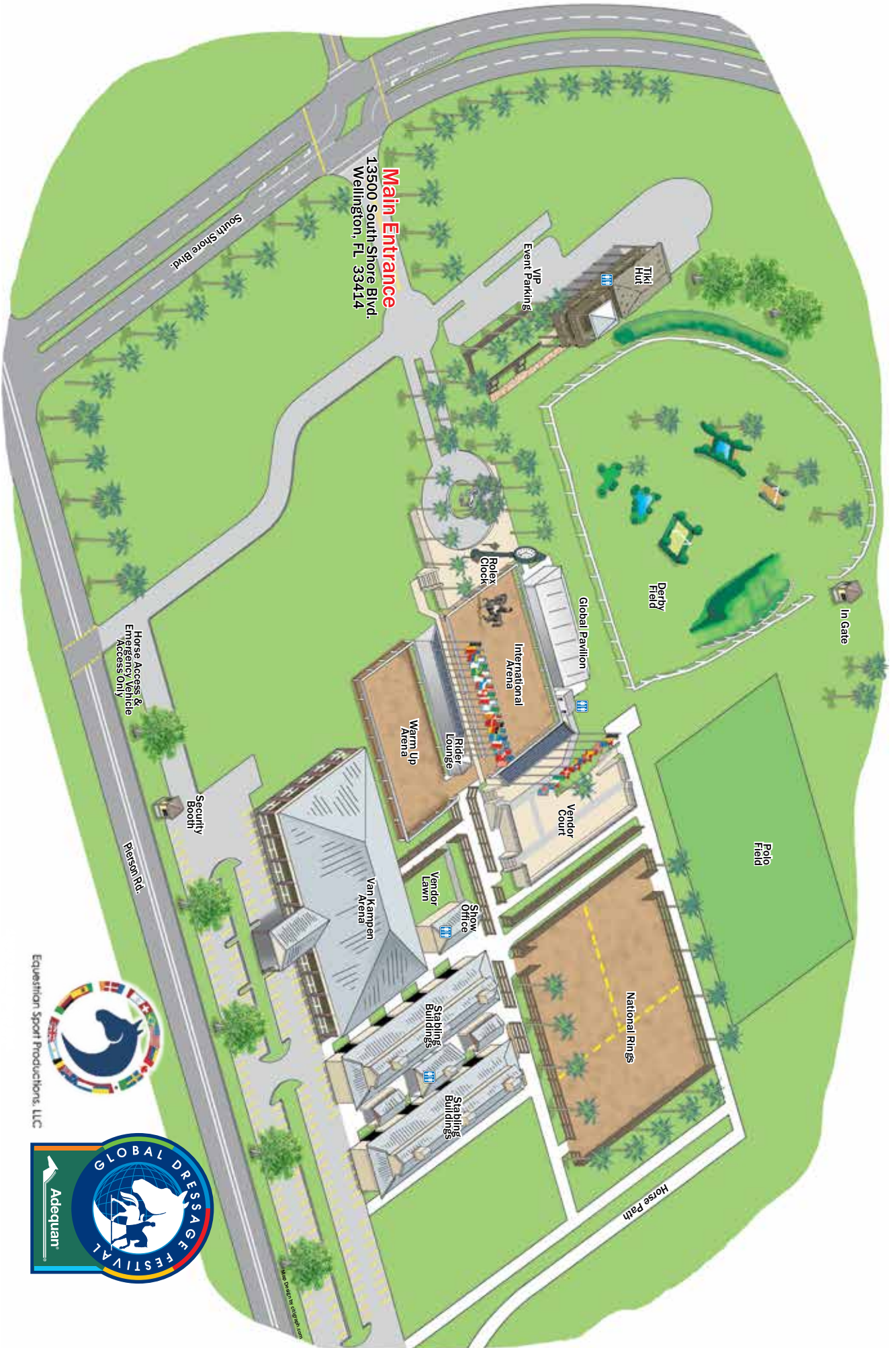
Equestrian Sport Productions hereby reserves the right to reject a vendor application at its discretion, or if product or services are in conflict with the specifications and/or interests of Equestrian Sport Productions or of the USEF, Inc.



Please describe the items that will be sold in your booth below.
Please be as detailed as possible and list all brands if not your own label/design.
Include other brochures or pages as needed.

- Examples: Jewelry - gold, silver, precious stones, fashion, etc.
Leather Goods - purses, gloves, boots, etc.
Accessories - belts, scarves, hair accessories, etc.
Shoes/Boots
Hats - straw, cowboy/oil skin, baseball, high-end
Women's Apparel
Men's Apparel

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



Equestrian Sport Productions, LLC

www.globaldressage.com



Business Tax Receipt Application

BUSINESS INFORMATION (To be completed by applicant):

Instructions & checklist on reverse side

Check Applicable Box: Commercial Home Based

Change of Address Change Business Name Transfer of Ownership Other **2016 Adequan Global Dressage Festival**

Current Business Tax Receipt # (if applicable): _____

Business/DBA/Trade Name: _____
(FL Statutes requires registration of a fictitious name or article of incorporation to accompany this application)

Business Location: **14440 Pierson Road**

Mailing Address: _____ City: _____ State: _____ ZIP: _____
(if different above)

Date Opened: _____ Federal Employer ID **OR** Social Security #: _____

Business Phone Number: _____ Emergency Number: _____

E-Mail address: _____

Nature of Business: _____ **OR** Profession: _____
(Landscaper, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Description of services to be provided: _____

Applicant - the following information is required: Will your business require remodeling/renovations? _____

Description of proposed remodeling/renovation: _____

# of coin operated machines		Wholesale # sq./ft.		Inventory @ cost	\$
# of vehicles		Retail # sq./ft.		Inventory @ cost	\$
# of rental units		Warehouse/Storage # sq./ft.			
# of restaurant/bar seats		<i>Additional information may be required to support these totals such as seating charts and/or lease agreements.</i>			
# of employees (required for manufacturing)					

Applicant/Qualifier: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Driver's License Number: _____ Date of Birth: _____

Staff Use Only:

Zoning Approval: _____ Date: _____ One Time Zoning Review Fee: ~~\$30.00~~ **WAIVED**

Fire Safety Approval: **Not Required** Date: _____

(Applicant must call PBC Fire Rescue 561-233-0050 to schedule an inspection and sign-off prior to submittal of this application)

One Time Registration Fee: \$50.00 Business Tax: \$ **100.00** Misc. Fees \$ _____ Total Fees: \$ **150.00**



Business Tax Receipt Application

NOTE TO THE APPLICANT:

A completed application is required in order to process your application. Failure to submit the required documentation will cause the Business Tax Receipt application to be returned to you.

Prior to issuance, all BTR applications are required to be reviewed and approved by the Planning and Zoning Division (561-791-4000) to assure the business is located in an appropriate location for the type of business proposed. If the business type is not as shown on this application, or if the business is not otherwise allowed in the zoning district of the proposed location, you will be required to relocate the business to an appropriately zoned location.

Any structural or interior modifications may require prior approval from the Building Division (561-791-4000).

The Palm Beach County Fire Rescue Department will be provided a copy of your Business Tax Receipt application. Please contact Fire Rescue (561-233-0050) to determine if your business needs to provide additional safety features.

All Business Tax Receipts expire **SEPTEMBER 30th** of each year. Penalty fees are assessed if your BTR is not renewed by that date. New Business Tax Receipt fees are prorated for half-year from April 1 through September 30. Otherwise a full fee will be charged. Licenses are not prorated if your business is operational prior to April 1. **NO REFUNDS** will be made for businesses closed during the full fiscal year or for licenses paid in error.

Application Requirement Checklist

- Application for Wellington Local Business Tax Receipt & Palm Beach County Application for Local Business Tax Receipt
- Fictitious Name Registration, Exemption and/or Articles of Incorporation, (new business or change of ownership)
- A copy of a valid State License, (state licensed professionals only) **the business tax receipt will not be issued until the state license has been submitted**

ADDITIONAL REQUIREMENTS FOR CERTAIN BUSINESSES

- o If your profession or occupation is regulated by the Fla. State Department of Business and Professional Regulation (850-487-2252) you must attach a copy of your current certification, registration or license to this application.
 - o A **Palm Beach County Business Tax Receipt is required** in addition to the Wellington BTR. Please attach a copy of the Palm Beach County Business Tax Receipt, or a PBC BTR application.
 - o All food service businesses must obtain approval from the Fla. State Division of Hotel and Restaurants (954-958-5520). You are required to attach a copy of the approved inspection report to this application.
 - o Childcare facilities are required to be approved by the Palm Beach County Health Department (561-840-4500). A copy of the license must be attached to this application.
 - o Food outlets, auto repair, travel agencies, telemarketers, health and dance (ballroom) studios must submit a permit, registration or exemption from the Florida State Department of Agriculture and Consumer Services (1-800-435-7352).
 - o Certified contractors must attach a copy of a Florida State and/or Palm Beach County Certification (call 561-233-5525 for certification information).
 - o If your business is based within the incorporated boundaries of Wellington, you are required to possess a Wellington Business Tax Receipt. If your business is not based within the boundaries of Wellington, you must submit a copy of a Business Tax Receipt from the county or municipality where your business is based for registration of your license with Wellington.
 - o Banks, mortgage brokers, finance companies and stockbrokers must be registered with the State Comptroller, Fla. Dept. of Banking and Finance (561-837-5054). Attach a copy of the state, federal or national license showing the proper business location as stated on this application.
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- Wellington non-refundable registration fee, tax and inspection fees
 - A copy of Certificate of Completion or Certificate of Occupancy (new buildings, build-outs, or interior renovations only) **The business tax receipt will not be issued until the CC or CO has been submitted**
 - Fire Inspection and sign-off (**All new commercial businesses and change of ownership**)
 - A copy of your State Driver's License with the current address per Florida Statute 322.19
 - A copy of the State License for Alcohol
 - A copy of Bill of Sale for change of owner
 - A copy of Lease Agreement or Notarized Letter from property owner (if applicable)
 - Affidavit for all Proposed Medical and Dental Offices (if applicable)

Please return applications with payment made payable to: Village of Wellington
12300 Forest Hill Boulevard
Wellington, FL 33414



Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side.****

- COMPLETE APPLICATION** (first box on reverse side)
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION** (if applicable): www.sunbiz.org
- OBTAIN ZONING APPROVAL** (one of the following):
 - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval). ****OR****
 - Unincorporated - Palm Beach County Zoning Approval (If business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center 561-233-5200].
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE** (if applicable):
 - Dept. of Business and Professional Regulation (850-487-1395)
 - Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
 - State of Florida Dept. of Health (850-488-0595)
 - Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
 - State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
 - Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
 - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector's computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpbc.com

Mail completed application to:
 Palm Beach County Tax Collector
 Attn: Business Tax Department
 P.O. Box 3353
 West Palm Beach, FL 33402-3353

****OR****

Visit one of our locations with the completed application: (Monday – Friday 8:15 am to 5:00 pm)

Belle Glade Service Center
 PBC Glades Office Building
 2976 State Road 15
 Belle Glade, FL

Lake Worth Service Center
 3551 South Military Trail
 Lake Worth, FL

Royal Palm Beach Service Center
 200 Civic Center Way
 Royal Palm Beach, FL

Delray Beach/South County Service Center
 501 South Congress Ave
 Delray Beach, FL

Palm Beach Gardens/NE County Courthouse Service Center
 3188 PGA Blvd
 Palm Beach Gardens, FL

West Palm Beach/Downtown Service Center
 301 North Olive Avenue
 West Palm Beach, FL





[County Ordinance 72-1 and FS 205.0535(5)]
No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.



Application For Palm Beach County Local Business Tax Receipt

BUSINESS INFORMATION (To be completed by applicant):

****Instructions & checklist on reverse side****

Check Applicable Box: **New Business** Transfer of Address Transfer of Ownership Business Name Change
 New Business Tax Receipt Other **2016 Adequan Global Dressage Festival**

Current Business Tax Receipt # (if applicable): _____

Business/DBA/Trade Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Corporation /Business Name: _____

Owners Name: _____

Federal Employer ID #: _____ ****OR**** Social Security #: _____

Business Address: **14440 Pierson Road** City: _____ State: _____ ZIP: _____

Date in business at this location: _____ Business Phone Number: _____

Mailing Address (if different above): _____ City: _____ State: _____ ZIP: _____

E-Mail address: _____

Nature of Business: _____ ****OR**** Profession: _____
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: _____ Machines _____ Rooms: _____ Restaurant seating: _____

Were you issued a Notice of Non-Compliance? Yes _____ No _____

I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.

Signature: _____ Title: _____
(Agent, Owner, Rep.)

PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL ****See reverse side for details on zoning****

Municipal/City Zoning Approval: _____ Title: _____

****OR**** Unincorporated Zoning Approval/
Planning Zoning & Building Approval: _____ Title: _____

PZ&B - Place initials in box if approval from department is required*** Regulator Signature required on line, when approval has been meet ***

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY (Signature and title designates approval)

LBTR#/Account #: _____	Branch Office: _____	CURRENTYR <input type="checkbox"/>
Till number: _____	State/County License Cert #: _____	1 YR <input type="checkbox"/>
NAICS Code: _____	Receipt #: _____	2 YR <input type="checkbox"/>
Cust. Relations Guide/ CRA: _____		3 YR <input type="checkbox"/>
Date: _____	Field Service Approval: _____	4 YR <input type="checkbox"/>
TOTAL FEE DUE : \$ _____		5 YR <input type="checkbox"/>

