



Adequan® Global Dressage Festival

Presented by Equestrian Sport Productions, LLC

2017 Vendor Application

VERS. 0915176

Business Information			Vendor Contact Information
Name of Business			Name of Representative
Street Address			Phone Number
City	State	Zip Code	Nature of Business / Product Description <div style="text-align: right; font-size: small;">(Continued on Page 2)</div>
Email Address			
Business Phone	Fax		
Website Address			

VENDOR INFORMATION

For Charges - See Vendor Rate Sheet

Booth Size _____ **Trailer Size** _____ **Deck Size** _____ (Trailers only)

Please indicate: ☐ **Prime** ☐ **Standard**

(For BOOTH & TRAILER, please fill in requested dimensions)

Show	Event Date*	Space/Tent Cost	Electric	Floor	Walls	Subtotal
WK 0 WCD National	Jan. 7 - 8, 2017	\$	\$	\$	\$	\$
WK 1 Dressage CDI-W	Jan. 11 - 15, 2017	\$	\$	\$	\$	\$
WK 2 CPEDI-3* & GCDA Opener 1*	Jan. 19 - 22, 2017	\$	\$	\$	\$	\$
WK 3 Dressage CDI-W	Jan. 25 - 29, 2017	\$	\$	\$	\$	\$
WK 4 National & Eventing Showcase	Feb. 3 - 5, 2017	\$	\$	\$	\$	\$
WK 5 Dressage CDI 5*	Feb. 8 - 12, 2017	\$	\$	\$	\$	\$
WK 6 National Dressage	Feb. 17 - 19, 2017	\$	\$	\$	\$	\$
WK 7 Dressage CDI-W	Feb. 22 - 26, 2017	\$	\$	\$	\$	\$
WK 8 Dressage CDI-W/PB Derby	Mar. 1 - 5, 2017	\$	\$	\$	\$	\$
WK 9 National & CPEDI-3*	Mar. 9 - 12, 2017	\$	\$	\$	\$	\$
WK 10 CDI-4* & Youth Championships	Mar. 15 - 19, 2017	\$	\$	\$	\$	\$
WK 11 CDIO-3*	Mar. 22 - 26, 2017	\$	\$	\$	\$	\$
* Dates subject to change		SUBTOTAL	\$	\$	\$	\$

7% Sales Tax

SUB TOTAL

ADMINISTRATION FEE 3%

GRAND TOTAL

25% Deposit Due

Are you a sponsor? YES ☐ NO ☐

I HEREBY apply for the vendor space and services at the 2017 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: _____

SIGNATURE: _____ **Date:** _____

I agree to pay above total amount according to card issuer agreement.



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. _____



2017 Adequan® Global Dressage Festival Rate Sheet

Venue: Palm Beach International Equestrian Center,
Equestrian Village, 13500 South Shore Blvd., Wellington FL 33414

*To compliment your on-site vendor presence, you may want to consider marketing or sponsorship opportunities to promote your products/services and to communicate important details and promotions.

To advertise, contact Annette Goyette at
agoyette@equestriansport.com or 561-784-1120.

To sponsor, contact Tannis Marley at
tmarley@equestriansport.com or 561-784-1111

PRIME RATES

Area located on Vendor Lawn & Adjacent Lawn Areas. Limited Availability

<u>Vendor Space</u>	CDI WEEKS	NATIONAL WEEKS
10 x 10 space	\$575	\$288
10 x 20 space	\$720	\$360
20 x 20 space	\$840	\$500
Trailer (up to 200 sq. ft.) over 200 sq. ft. \$2.00/extra sq. ft.	\$720	\$360

STANDARD RATES

Area located on Vendor Court

<u>Vendor Space</u>	CDI WEEKS	NATIONAL WEEKS
10 x 10 space	\$480	\$240
10 x 20 space	\$600	\$300
20 x 20 space	\$840	\$420
Trailer (up to 200 sq. ft.) over 200 sq. ft. \$2.00/extra sq. ft.	\$600	\$300

VENDOR MAILING / DELIVERY INFORMATION

Under no circumstances are packages to be mailed or shipped to the Equestrian Village, Management reserves the right to 'return to sender'.

DIRECTIONS

The Adequan® Global Dressage Festival is located at the Equestrian Village, 13500 South Shore Blvd., Wellington, Florida 33414.

Approaching the showgrounds from the Florida Turnpike, Exit #93, Lake Worth Blvd. Proceed West crossing over 441, 5 miles to South Shore Blvd. Turn right on South Shore Blvd. for 1 mile go through the Pierson road intersection and the entrance is on your right.

Approaching the showgrounds from Interstate 95, Exit 66. Go West on Forest Hill Blvd. for 11 miles to South Shore Blvd. Turn left on South Shore Blvd. and continue south through Greenview Intersection. Entrance will be on the left.

All vendor spaces include tent & side curtains in prices.

Decks or tented areas outside trailer is considered additional square footage.

Wellington Local Business Tax Receipt and Palm Beach County Tax Receipt required prior to opening.

ADDITIONAL FEES

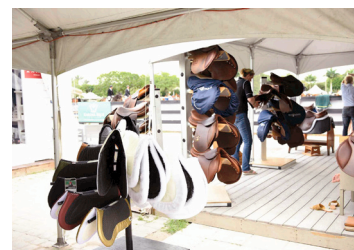
Electric:
20 amp \$55.00 per week. 50 amp \$110.00 per week.

Flooring: Per sq. foot \$3.00. *One time charge only for multiple weeks*

Walls: Per wall section: \$55.00. *One time charge only for multiple weeks*
Walls come in 4' x 8' sections. Limited availability.

Administration Fee: 3% to be added to Invoice Total.

* Note: ALL CHARGES are subject to 7% sales tax.





2017 VENDOR RULES, REGULATIONS, AND POLICIES

☐
Initialize

SPACE ASSIGNMENTS will be made for application received by October 15, 2017. 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.

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Initialize

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 15th, 2016.

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Initialize

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 per terms of Lease Agreement.

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Initialize

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.

☐
Initialize

WELLINGTON AND PALM BEACH COUNTY LICENSES: *The Village of Wellington requires all vendors to have a business license and Palm Beach County Local Business Tax Receipt. 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. Application forms will be included with the Lease Agreement.*

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Initialize

INITIAL SET-UP will begin Tuesday, January 2, 2017. Each vendor is responsible for scheduling arrival with the vendor department. **Early arrivals will be charged accordingly.** Weekly set-up will be from 8:00 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 10, 2017.** Those trailers not removed will be charged accordingly. Vehicles will be allowed in the vendor area only for the initial set-up and tear down, at Management's discretion. Vehicles will not be allowed in the vendor area at any other time.

☐
Initialize

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.

☐
Initialize

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.**

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Initialize

REGULATIONS AND POLICIES have been formulated in the best interest of all vendors and made part of the contract for the 2017 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.

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Initialize

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.

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Initialize

SHIPPING & RECEIVING: These services are not available at the AGDF show grounds. Under no circumstances are shipments to be sent to the AGDF grounds, management reserves the right to 'return to shipper'.

☐
Initialize

CERTIFICATE OF INSURANCE – is required prior to set-up. Certificate of Insurance requirements will be listed in the Lease Agreement.

☐
Initialize

TENTS: "Pop-Ups" are not allowed. Tenting is supplied and installed by ESP personnel only.

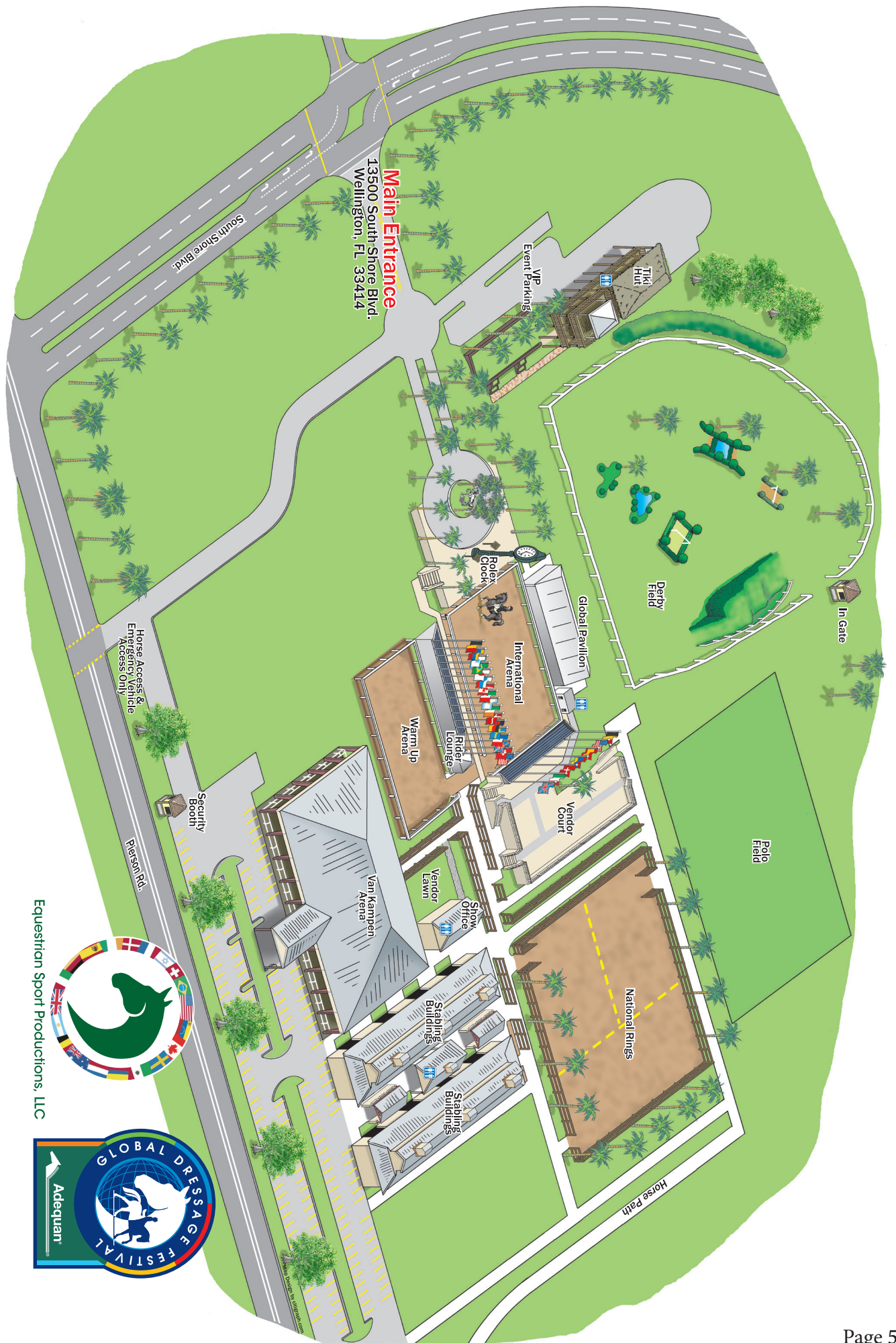
☐
Initialize

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.

PRINT NAME & SIGN
Company Officer or Owner

COMPANY NAME

By signing the above I acknowledge, understand and agree to the Rules, Regulations & Policies. Return with Vendor Application



Equestrian Sport Productions, LLC



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 2017 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		Additional information may be required to support these totals such as seating charts and/or lease agreements.			
# of employees (required for manufacturing)					

Applicant/Qualifier: _____

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

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

Staff Use Only:

Zoning Approval: _____ Date: _____ One Time Zoning Review Fee: ~~\$20.00~~ **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

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

- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ 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).
- ☐ Certified contractors must attach a copy of a Florida State and/or Palm Beach County Certification (call 561-233-5525 for certification information).
- ☐ 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.
- ☐ 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.
- ☒ 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



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
www.taxcollectorpbc.com

[County Ordinance 72-1 and PS 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 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



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
www.taxcollectorpbcc.com

[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 2017 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: _____
(Landscaper, 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 met ***

☐ Zoning (U No.) _____ ☐ Fire Marshall _____

☐ Compliance _____ ☐ Health Department _____

☐ Building _____ ☐ Hotel & Restaurant _____

☐ NAICS Code _____ ☐ Prior Use of Bay/Bldg. _____

☐ Other _____ ☐ Cnty Home Based Affidavit _____

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

LBTR#/Account #: _____ Branch Office: _____ CURRENTYR ☐

Till number: _____ State/County License Cert #: _____ 1 YR ☐

NAICS Code: _____ Receipt #: _____ 2 YR ☐

Cust. Relations Guide/ CRA: _____ 3 YR ☐

Date: _____ Field Service Approval: _____ 4 YR ☐

TOTAL FEE DUE: \$ _____ 5 YR ☐