

## PARADE VIEWING AREA AT LAS OLAS INTRACOASTAL PROMENADE PARK

December 14, 2024

## CORPORATE PARTNER

Company Name:			
Last Name:	First Name:		
Street Address:	City:	State:	Zip:
Telephone (daytime):	Cell:	email:	
What will you be displaying/selling? (be spec	cific):		
SPACE REQUIREMENTS:			
You must enclose S Winterfest, J 512 NE 3rd	EXACTLY how many amps do provide your own 50' exte Gales Tax Certificate and P Inc. must be named additio d Avenue, Fort Lauderdale, n Diehl <u>Dawn@winterfestpo</u>	nsion cord roof of Insurance. nally insured. FL 33301	
512 NE 3r	erfest, IncAttn: Dawn I d Avenue, Fort Lauderdale, Email: dawn@winterf	FL 33301	
PLEASE NOTE: IF YOU ARE A FOOD VE After your application has been processed, processed on a first come first serve basis. Please list recent Fairs or Festivals you have	you will receive additional inf	•	