



Dear Sponsor/Vendor:

On behalf of Helena's Diversity & Inclusion Board. I am pleased to share with you sponsorship opportunities for our second annual **Helena United Festival**. The event will take place on Saturday, April 26, 2025, 11am – 4pm at our amphitheater in Helena, AL.

We are very excited to provide a variety of activities for patrons while enjoying music from different cultures and genres. Helena United Festival will be an amazing, free public event and all patrons will enjoy learning about various cultures, cuisines, and their history in a family-friendly atmosphere.

At our 2024 Helena United Festival, we welcomed over 1,200 customers to our event. With your help, we look forward to growing the event for 2025! This is a great opportunity for your organization to receive exposure and help promote unity within our communities.

Enclosed please find details of sponsorship opportunities for **Helena United Festival**. Your involvement will make our annual event an extraordinary celebration, unlike any other event available for the citizens of the Birmingham Metro area. We appreciate your consideration and look forward to hearing from you soon.

For more information about the event, please visit [www.helenadiboard.org](http://www.helenadiboard.org) or contact us at 205-304-1344 or [helenadiboard@gmail.com](mailto:helenadiboard@gmail.com).

Join us at our celebration and thank you for your support!

Sincerely,

Dominga Gardner  
Helena Diversity & Inclusion Board, Chair

Sabah Angeles  
Helena Diversity & Inclusion Board, Co-Chair

Cory Johnson  
Helena Diversity & Inclusion Board Member

## Sponsorship Package

<b>GOLD</b> <b>\$500</b>	<b>SILVER</b> <b>\$250</b>	<b>BRONZE</b> <b>\$100</b>
Recognized as a sponsor on radio & tv advertisement	Recognized as a sponsor on radio & tv advertisement	Name on printed PR material
Logo/name on printed PR material	Logo/name on printed PR material	Name on event banner/t-shirt
Recognized on social media	Recognized on social media	Recognized on social media
15 second promo during event	15 second promo during event	
Logo/name on event banner/t-shirt	Logo/name on event banner/t-shirt	
Link to sponsor website		
Vendor Space at event		

## Vendor Package

<b>Food Truck/Trailer FREE</b>	<b>Food Tent FREE</b>	<b>Retail Tent FREE</b>	<b>Information FREE</b>
Designated area for vendor set-up	Designated area for vendor set-up	Designated area for vendor set-up	Designated area for vendor set-up

### **Eligibility**

Priority access will be given to food vendors representing diverse cultures. Only one food vendor per category will be allowed to participate (i.e. barbecue, Mexican, etc.). Please do not submit a check with your application. Your application will be reviewed, and if it is approved someone from the DEI team will reach out to you regarding payment.

Vendors must possess a business license and EIN number or eligible Federal tax identification number. Please provide this information with an application. Sponsors who are displaying and sampling food or other items must provide a certificate of insurance and comprehensive liability, which must be no less than 500,000 dollars. **If you have not already acquired within a year, all vendors will be required to complete a Helena Business License Application and include a \$32 license fee.**

Note: We are now able to process your sponsorship/vendor payments through Eventbrite. If you wish to pay through their portal please use the link provided below.

### **Reservation**

Applications must be received no later than the date stated in the agreement letter. Sponsorship donations sent with application should be no less than half the amount pledged. Remaining donations must be in by April 1st. **Checks must be made payable to the City of Helena.**

### **Refunds**

No refunds will be given to sponsors. This is not tax deductible.

### **Tables, Tent, and chairs**

Tents, tables, chairs shall be provided by vendors.

### **Electricity**

Sponsors/Vendors will provide their own power. Generators are welcomed.

### **Set-up**

All food vendors should arrive at the amphitheater on the day of the event by 10 am. All retail and information vendors should arrive at the amphitheater on the day of the event by 10:30 am. Setting up and breaking down the display materials, merchandise, etc., is the sole responsibility of the vendor. All unused materials, food, trash, etc., must be put in the proper receptacle or discarded by the vendor.

### **Breaking Down**

Area table space must always be kept in fair condition. Trash bags will be provided, and receptacles kept in the yard for the proper discarding of sponsors' trash. At the end of the event, tables and chairs allotted must be cleaned and folded and placed in a designated area. The area immediately surrounding your space should be clean and free of debris associated with your business materials, food containers, etc. All vendors must have their space cleaned up and exit the event venue by 4:30 pm.

### **Miscellaneous**

Helena Diversity & Inclusion Board of Helena United Festival is not responsible for any injury or lost, stolen, or damaged articles. Tents and tables are permitted in designated areas only. Parking for sponsors and vendors is permitted in designated areas only.

***Sponsorship must be submitted by April 1, 2025.***

*No refunds rain or shine.*  
**SPONSORSHIP FORM**

**Deadline for  
Sponsorship and Vendor  
is April 1, 2025**

*You may complete this form electronically at [helenadiboard.org](http://helenadiboard.org)*

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Please check if you plan to set up a tent at the event

Please indicate your sponsorship amount:

\$500 GOLD SPONSOR

\$250 SILVER SPONSOR

\$100 BRONZE SPONSOR

Other amount \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **City of Helena**

Submit form along with check to:

City of Helena  
c/o Helena United Festival  
816 Hwy 52 E  
Helena, AL 35080  
205-304-1344  
[helenadiboard@gmail.com](mailto:helenadiboard@gmail.com)

# VENDOR FORM

Deadline for  
Sponsorship and  
Vendor is April 1, 2025

*You may complete this form electronically at [helenadiboard.org](http://helenadiboard.org)*

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate:

**FREE** – Food Truck\* *Cuisine Type:* \_\_\_\_\_

**FREE** – Food Tent\* *Cuisine Type:* \_\_\_\_\_

**FREE**– Retail

**FREE** – Informational

*\*Please wait for approval before providing the vendor fee.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **City of Helena**

Submit form along with check to:

City of Helena  
c/o Helena United Festival  
816 Hwy 52 E  
Helena, AL 35080

205-304-1344  
[helenadiboard@gmail.com](mailto:helenadiboard@gmail.com)

CITY OF HELENA , ALABAMA BUSINESS APPLICATION
The City Does Impose the Business License Tax in its Police Jurisdiction

(CONFIDENTIAL)

Complete and Mail/Fax To:
CITY OF HELENA
PO BOX 613
HELENA, AL 35080-0613
(205) 663-2161 Fax (205) 663-9276

Applicant Complete This Box
FEIN
ST of ALA TAX #
FORM OF OWNERSHIP (Check One)
Sole Prop. Partnership
Corp. Prof Assoc
LLC Other

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type : New Owner Change Name Change Location Change

Legal Business Name :

Trade Name: (If different from above)

Business Activities:(Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address: (Street) (City) (State) (Zip)

Mailing Address: (Street) (City) (State) (Zip)

Telephone: (Business) (Fax) (Home Phone)

Name & Phone # for Contact Person ( )

Email address for contact:

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name Residence Address SSN (if not publicly traded co.) Title

Date Business Activity Initiated or Proposed in Helena: # of Employees in Helena

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Date Signature Title

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # LICENSE CODE AMOUNT \$

REVIEWED BY:

PHYSICAL LOCATION: CITY POLICE JURISDICTION OUTSIDE CORP LIMITS & PJ

ZONING CLASSIFICATION: BUILDING APPROVAL: YES NO N/A FIRE CODE

Tax Types: Sales/Seller's Use Consumer Use Rental/Lease Alcohol
Tobacco Gas/Motor Fuel Business License

Tax Filing Frequency: Monthly Quarterly Annual Occasional

Business Type: Retail Wholesale Building Contractor Service Professional
Manufacturer Rental Other

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

- **PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.**
- **FORM SHOULD BE TYPED OR PRINTED LEGIBLY**
- **FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS**
- **FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY**

⇒ **IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)**

⇒ ***AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.***

⇒ **UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.**

**BEGINNING JANUARY 2008**

**ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 WITH THE FOLLOWING EXCEPTIONS:**

**INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1**

This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

**SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.**

# CITY OF HELENA, ALABAMA

## TAX RETURN

MAIL FORM W/REMITTANCE TO:  
 CITYOF HELENA  
 PO BOX 613  
 HELENA, AL 35080-0613  
 PH:205.663.2161 FAX: 205.663.9276

**SPECIAL EVENT**

TOTAL AMOUNT ENCLOSED

TAXPAYER NAME/  
 ADDRESS

PH: \_\_\_\_\_ FAX: \_\_\_\_\_

FEIN OR SSN: \_\_\_\_\_

CHECK HERE IF THIS IS FINAL TAX RETURN

TYPE OF TAX/ TAX AREA	(A) GROSS TAXABLE AMOUNT	(B) TOTAL DEDUCTIONS	(C) NET TAXABLE (COLUMN A - COLUMN B)	(D) TAX RATE	(E) GROSS TAX DUE (COLUMN C x COLUMN D)
SALES - Automotive				1.33%	
SALES- Farm / Machinery				1.33%	
SALES- General				4%	
SELLERS USE -Automotive				1.33%	
SELLERS USE -Farm / Machinery				1.33%	
SELLERS USE -General				4%	
CONSUMERS USE- Automotive				1.33%	
CONSUMERS USE- Farm / Machinery				1.33%	
CONSUMERS USE- General				4%	
LEASE/RENTAL - Automotive				2%	
LEASE/RENTAL - General				2%	
POLICE JURISDICTION- list type below				Rate x 0.5	

**\*\* IN ACCORDANCE WITH STATE TAX STATUTES, DISCOUNT DOES NOT APPLY TO LEASE/RENTAL/USE TAX TYPES**

This return must be postmarked by the 20<sup>th</sup> day of the month following the reporting period for which you are filing to be considered a timely return. Seller must file timely returns, even though no taxes are due.

**By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated above.**

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>(1) TOTAL TAX DUE</b> (TOTAL OF COLUMN E)	
<b>(2) PENALTY</b> (ITEM 1 X 10%)	
<b>(3) INTEREST</b> AS PER SECTION 40-1-44, CODE OF ALABAMA, 1975	
<b>(4) DISCOUNT</b> IF SUBMITTED PRIOR TO FILING DEADLINE 5% ON \$100 OR LESS - 2% OVER \$100 (\$400 max.)	
<b>(5) NET TAX DUE</b> (ITEM 1 - 4; IF DELINQUENT 1 + 2 + 3)	
<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b>	



**Sales/Use Tax**

Automotive rate includes new and used automotive vehicles, truck trailers, semi-trailers, and mobile homes. General rate includes equipment and replacement parts used in agriculture production, machines and replacement parts used in manufacturing, compounding, mining and quarrying, gross receipts from places of amusement and entertainment devices, and all other tangible personal property.

**Rental Tax**

Due from the lessor on the total gross receipts from rentals in Helena.

**STANDARD DEDUCTION SUMMARY TABLE**  
(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX	WHOLESALE SALES	AUTO TRADE-INS	LABOR/NON TAXABLE SERV	SALES DELIV OUTSIDE JURIS.	SALES TO GOVT OR ITS AGENCIES	GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS (1)	TOTAL DEDUCTIONS
TOTAL DEDUCTIONS								

**INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT**

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20<sup>th</sup> day of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with the report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.
- No duplicate or replicated forms except with permission of tax jurisdiction.

**INDICATE ANY ACCOUNT CHANGES BELOW**

Business Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_