



Vendor Application



Vendor Name _____

Contact Person(s) _____ Phone: _____ Fax: _____ Cell: _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail Address _____ Company Website _____

Products to be showcased (attach extra sheet if need) _____

(Note: Food vendors must list all foods sold to be covered by Board of Health permit. Foods that are sold but not listed will result in immediate closure of booth. Also, food vendors must carry a fire extinguisher in your booth.)

Signature _____ Date _____

By signing the application you have read and agree to all of Taste of Waipahu's terms and conditions.

Booth fees:			Qty.
_____	Food Service @	\$225.00	_____
_____	Non-Food @	\$150.00	_____
_____	Non-Profit @	\$50.00	_____
_____	WCA contribution pledge @ \$100-\$250		_____
	Subtotal:	\$	_____
	Total Due:	\$	_____
	Amount remitted:	\$	_____
	Balance Due:	\$	_____

Booth Info: 10' X 10' space

Price includes 10x10 tent, 1 table, and 2 chairs.

Keep all items within the limits of your own spaces.

Payment Terms: I agree to pay the total amount and understand that booths will not be confirmed until payment is received and all required documents have been submitted to Taste of Waipahu management.

ALL PAYMENTS RECEIVED ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Balance due in full by October 31, 2014 or payment will be forfeited and booth resold.

Method of payment:

_____ CASH Amount: \$ _____

_____ CHECK Check #: _____ Amount: \$ _____
All checks made payable to **Waipahu Community Association**

For more information, contact Mar-C at (808) 677-6939, email completed forms to wca.waipahu@hawaiiintel.net, or mail to Waipahu Community Association, 94-340 Waipahu Depot St. #201, Waipahu, HI 96797-3069