



Vendor Application

Saturday, November 13, 2021

4:00pm - 8:00pm

Leeward YMCA Parking lot



Space is limited, first come-first served basis. Highly recommend to bring application and payment to office to confirm space*

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 terms and conditions.

Vendor Fee: \$100

Vendor fee includes 20x20 space and 1 parking pass given on day of event.

Every Vendor is to provide proof of vaccination for everyone working. Vendor is responsible to provide all their own necessary equipment to operate their space. This includes but it not limited to own tent, table, chairs, lights, electricity, trash, wash station, fire extinguisher, etc.

WCA contribution pledge Amount \$ _____
(see terms & conditions #16)

Total Due: \$ _____

Payment Terms: I agree to pay the total amount and understand that space will be confirmed after payment is received in full and all required documents have been submitted to WCA.

**ALL PAYMENTS RECEIVED ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
PAYMENTS DUE IN FULL BY FRIDAY, NOVEMBER 5TH, 2021**

Method of payment:

_____ CASH Amount: \$ _____ Date Received _____ By _____ Initials

_____ CHECK Check #: _____ Date Received _____ By _____

All checks made payable to **Waipahu Community Association**

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