MOLOKAI CHAMBER OF COMMERCE
BUSINESS AND FOOD EXPO
VENDOR APPLICATION

Date: Saturday, November 14, 2009

HOURS: 8:00 am set up / 11:00 am – 4:00 pm – Event / 4:00 pm – Breakdown

COMPANY NAME: _____
CONTACT: _____
Address: _____
GE License #_____
Day Phone #_____ Eve Ph:_____
Cell Phone #_____Email:_____

Type of Vendor: _____ Crafter/Artisan _____ Farmer/Ag _____ Merchant
_____ Retail _____ Restaurant _____ Financial
_____ Community Services _____ Visitor Industry _____ Other

Booth Fees
_____ $25.00 –Non Molokai Chamber of Commerce Members
_____ FREE – Molokai Chamber of Commerce Members

Please enclose a check or money order payable to Molokai Chamber of Commerce, no cash and mail with application to: Molokai Chamber of Commerce
P.O. Box 515
Kaunakakai, HI 96748

- I understand that any fees are non-refundable after October 30th.
- The Business Expo will be held rain or shine and I understand that my fees will not be refunded due to weather if I am unable to participate.
- I understand that I am responsible for payment of any taxes required of me by Law from the sales of any goods or services at this event. All prices will be inclusive of any taxes.
- I understand & agree to sell only pre-packaged food items and that it is my responsibility to acquire all Department of Health permits and submit a copy to the Chamber of Commerce prior to 10/30/09.
- I understand that all Beverage sales are limited to only the Molokai Chamber of Commerce.
- I understand that I will be provided with (1) 8' table and 2 chairs.
- The undersigned jointly and severally agrees to indemnify and hold harmless the Molokai Chamber of Commerce and the Mitchell Pauole Center, the Office of Economic Development ~Maui County and the Chambers event organizers from any claim, action, liability, loss, damage or suit arising from this event.
- I also agree to ensure that my area will be safe and clean for all customers, employees and volunteers to prevent any accidents (before, during and after the event)
- I understand that I will participate throughout the entire event on Saturday, and will observe the hours of operation.
- I agree to provide the necessary statistics to MCC for grant reporting purposes.

I have read the Molokai Chamber of Commerce Vendor Guidelines and Rules and agree to all the terms set forth and required of me.

_____ _____
Signature Date

Booth Assignments will be available at the Chambers office on Monday, November 9, 2009. Booths will be assigned according to application and fee received date.

How did I hear about this event?
Chamber Meeting _____ Advertisement _____ Flyer or Banner _____ Friend_____ Co – Worker _____

This event is sponsored by the Molokai Chamber of Commerce (Lead Agency) and
County of Maui ~ Office of Economic Development.