

**MOLOKAI CHAMBER OF COMMERCE**  
**2011 BUSINESS AND FOOD EXPO**  
**VENDOR APPLICATION**

**Date: Saturday, November 5, 2011**

**Lanikeha Center, Hoolehua, Molokai**

**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 21<sup>st</sup>.
- 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 that the only food items allowed for sale are pre-packaged food items and that it is my responsibility to acquire all applicable Department of Health permits and submit a copy to the Chamber of Commerce prior to 10/24/11.
- I understand that all Beverage sales are limited to only the Molokai Chamber of Commerce.
- I understand that I will be provided with (1) 6' table and 2 chairs.
- The undersigned jointly and severally agrees to indemnify and hold harmless the Molokai Chamber of Commerce and the Lanikeha Community Center, the Office of Economic Development ~Maui County and the Expo 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 MCOC 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

Booths will be assigned in advance of the event according to the date received.

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