



# Vendor Application



**\*Space is limited, first come-first served basis...See attached map. 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.

<b>Booth fees:</b>	Cost	Sub totals
_____ Truck	\$350.00	_____
_____ Food (Premium Space)	\$450.00	_____
_____ Food (General Space)	\$350.00	_____
_____ Craft/Product (Premium Space)	\$275.00	_____
_____ Craft/Product (General Space)	\$225.00	_____
_____ Non Profit (Please call for price)		_____
_____ WCA contribution pledge	Amount \$	_____
(see terms & conditions #16)		
<b>Total Due:</b>	<b>\$</b>	_____

**Booth Info for non truck users:**  
Price includes: 1 - Selected space, 1 - 8ft table, 2 - folding chairs, lights, (1) parking pass, electricity.  
(may bring own lights for more lighting and electricity)  
 Check the box if you need electricity

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

**If payment is made in full by October 4, 2018, vendor listing on our social media may be available.**  
ALL PAYMENTS RECEIVED ARE NON-REFUNDABLE AND NON-TRANSFERABLE.  
**Balance due in full by October 26, 2018 or payment will be forfeited and booth resold.**

**Method of payment:**

_____ CASH	Amount: \$ _____	Date Received _____	<u>Initials</u> By _____
_____ CHECK	Check #: _____	Date Received _____	By _____

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