

*12th Annual Mango Festival
Celebrating Hawai`i Island Mangos
Saturday, August 29, 2020, 10:00 am - 5:00 pm
Hale Halawai, Ali`i Drive, Downtown Kona
Free Community Event*

APPLICATION FOR PERMIT FOR VENDOR SPACE

INSTRUCTIONS: Please TYPE or PRINT information. Application must be completed and sent to Sanctuary of Mana Ke`a Gardens for review. **PAYMENT MUST BE INCLUDED!**

Sanctuary of Mana Ke`a Gardens **RESERVES THE RIGHT TO CANCEL OR POSTPONE THIS PERMIT.** Any questions, please call, 808 936-5233.

VENDOR APPLICANT (human): _____

BUSINESS (entity): _____ **GE Tax Lic. #:** _____

Specific products to be sold or other type of intended use: _____

Mailing Address: (Street or P.O. Box) _____

(City)(State)(Zip) _____

Mobile Phone: _____ **Other Phone:** _____

Email:(LEGIBLE!) _____ **Website:** _____

Vendor Applicant Assistants:

(Name, Title) _____ (Mobile Phone) _____

(Name, Title) _____ (Mobile Phone) _____

Name of person in charge during period of use: _____

Maximum number of persons using the vendor space at any one time: _____

Will a posted sign be used at the Vendor Space? Yes _____ No _____

Posted signs must be neat and professional.

Design/display of 10x10 booth layout is expected to be visually pleasing.

Is authorization requested to use any other sign, special decoration, display or device?

Yes _____ No _____ If "yes" give all relevant details **on a separate page** and include liability insurance coverage certificate if any device has moving parts.

Electricity will be provided only to those who request, and location will reflect this request. All power cords MUST be provided by vendor.

\$50 Additional Fee for power to vendor space.

COMPLETED "REPRESENTATIONS & AGREEMENTS" PAGE (below, attached, or on back) MUST BE RETURNED WITH THIS PAGE THIS COMPLETED AND SIGNED PAGE MUST BE RETURNED WITH THE APPLICATION PAGE AND IS INTEGRAL WITH IT

REPRESENTATIVES AND AGREEMENTS (PLEASE READ CAREFULLY)

The undersigned hereby represents that he/she is the Vendor Applicant or an Officer or other Authorized Agent of the Vendor Applicant named herein and that he/she is over 18 years of age. The undersigned further acknowledges he/she has read the [Rules Relating To The Use Of Park Facilities \(Effective Date 12-3-15\)](#) ("the Rules") and recognizes and agrees by his/her signature hereto and the making of this Application for Permit for Vendor Space, that the issuance of any Permit based on this Application and the use authorized by such Permit are expressly conditional upon Applicant's acceptance and continuing observation of said Rules. The Rules can be found at (cut and paste this link):

<<http://records.co.hawaii.hi.us/weblink/1/doc/76046/Page1.aspx>>

and can be navigated to from <<http://www.hawaiicounty.gov/parks-and-recreation/>> .

Vendor Applicant will indemnify and hold SANCTUARY OF MANA KE'A GARDENS harmless from and against any and all claims for personal injuries, death, damages, costs and/or other expenses, including reasonable attorneys' fees, arising from or in any way connected with the use of Hale Halewai Beach Park or any part or facility thereof by the Applicant or Applicant's agents, members, partners, associates, contractors, servants and employees. The undersigned declares, under penalties of perjury, that the factual information furnished by him/her in this Application for Permit for Vendor Space is true, accurate and complete to the best of his/her knowledge and belief.

By: _____
PRINT NAME OF VENDOR APPLICANT TITLE

SIGNATURE OF VENDOR APPLICANT DATE SIGNED

INDICATE: _____ \$50.00 Electricity – Vendor supplies own cord(s).
_____ \$250.00 Food Sales -- Vendor will be called to confirm details.
_____ \$125.00 Inside the Pavilion – table, chair provided. First come-
-first served. If full, Outdoor Space provided and \$25 returned.
_____ \$100.00 Outdoor Space – Vendor supplies own tent, table, chair

ENCLOSED: _____ PAYMENT FOR ABOVE, CHECK OR MONEY ORDER
_____ COUNTY PERMIT APPLICATION
_____ COPY OF YOUR GENERAL EXCISE TAX LICENSE
_____ \$30 CHECK PAYABLE TO "DIRECTOR OF FINANCE"

MAIL ALL TO: SANCTUARY OF MANA KE'A GARDENS
P.O. Box 939
Honaunau. Hawaii 96726-0939

FOR SANCTUARY OF MANA KE'A GARDENS USE ONLY:

Approved Signature: _____ Date Approved: _____

Denied and Reason: _____

County Check #: _____ Space/ElecCheck #: _____ Cleared Date: _____