


Mail Application & Payment to:

 Mililani Town Association
 Attn. Special Events
 95-303 Kaloapau Street
 Mililani, HI 96789

Special Events Only: SPACE # _____ <input type="checkbox"/> UPGRADE Notes: _____

Mililani Town Association Vendor Application
SPRING CRAFT FAIR
 Saturday • May 4, 2019 • 4:00 p.m. – 9:00 p.m.
 Rec. Center 5 | 95-1101 Ainamakua Drive Mililani, HI 96789

MAIL IN DUE DATE: March 4, 2019

If mailing after due date, please check mililantown.org for availability before submitting application.

VENDOR INFORMATION:

Vendor/Contact Name		Contact Phone Number	*Email Address (required)
Company or Contact Address		City	State & Zip Code
<input type="checkbox"/> Crafter	<input type="checkbox"/> Retailer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Pre-packaged Food	<input type="checkbox"/> Food Vendor/Truck (By Invitation Only)		

List general list of items to be sold or services promoted. Distributors: List ALL brands to be sold.

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SPACE REQUESTS (See Vendor Agreement for indoor/outdoor requirements & specifications):

<input type="checkbox"/> Any Available Space	<input type="checkbox"/> Any Indoor Space	<input type="checkbox"/> Indoor Space w/ Upgrade	<input type="checkbox"/> Indoor End Space	<input type="checkbox"/> Outdoor Space
Number of Spaces: _____	List (3) three spaces in order of preference (not guaranteed): _____			
<input type="checkbox"/> Electricity Request	<i>Vendors must provide extension cords/power strips. Service not guaranteed. Priority to outdoor vendors.</i>			
Other Requests: _____				

PAYMENT:

<input type="checkbox"/> MTA Members: \$85/space \$80/space for 2+ <input type="checkbox"/> Space Upgrade (\$15)	MTA # Exp. Date:	<input type="checkbox"/> Non-MTA Members: \$100/space \$95/space for 2+ <input type="checkbox"/> Space Upgrade (\$15)	<input type="checkbox"/> Electricity Request Vendors must provide extension cords/power strips. <i>Service not guaranteed.</i>
WRITE SEPARATE CHECK FOR SPACE UPGRADES	# of Spaces: _____	Total Due: \$ _____	

I have hereby carefully read this entire agreement, and in signing it, I agree to comply with the terms specified in the Mililani Town Association Vendor Agreement.

*Vendor's Signature (required)

Date

*****FOR MTA OFFICE STAFF USE ONLY*****		
RECEIPT #: _____	DATE: _____	Amount Paid: \$ _____
METHOD OF PAYMENT:		
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK Check # _____ Check Amt. \$ _____	
<input type="checkbox"/> CREDIT CARD VISA	MasterCard	Other: _____ Charge Amt. \$ _____
STAFF INITIALS: _____		