

SPECIAL EVENTS ONLY: MAIN DESS OTHER					
☐ TENT	□ TRUCK	□ OTHER			
FOOD VENDOR SPACE #					
AMOUNT:					
NOTES:					

MILILANI TOWN ASSOCIATION

## **FOOD VENDOR (ACTIVELY COOKING AT EVENT)**

## 2023 HOLIDAY CRAFT FAIR + FOOD ARENA APPLICATION

SATURDAY, <u>DECEMBER 2, 2023</u> | 4:00 PM - 9:00 PM | REC CENTER 5 | 95-1101 Ainamakua Drive, Mililani, HI 96789

MAIL-IN DUE DATE: MUST BE RECEIVED BY 4:00 PM ON OCTOBER 17, 2023

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VENDOR INFORMATION	<b>!:</b>						
VENDOR/BUSINESS NAME	CONTACT NAME		CONTACT PHO	ONE NUMBER	*EMAIL ADDR	*EMAIL ADDRESS (REQUIRED)	
MAILING ADDRESS			CITY		STATE & ZIP CO	STATE & ZIP CODE	
☐ FOOD TRUCK	☐ FOOD TENT (10'	′x15′ SPACE)	☐ FOOD TRUCK + TE		ENT (TENT MUST BE IN FRONT OF TRUCK)		
LIST GENERAL MENU ITEMS. INSTAGRAM:	INCLUDE CURRENT PHOTOS OR INST	TAGRAM NAME FOF	R CONSIDERATI	ON.			
HEATED COOKING METHODS	USED OUTSIDE TRUCK OR TENT (	REQUIRED)					
□ OUTDOOR GRILLING/COOKING (HIGH SMOKE) □ OUTDOOR DEEP FRYII			☐ OTHER (PLEASE LIST):				
		IT COORDINATOR IF Y	OU HAVE ANY QU		SPACE.	GE. IF VENDOR REQUIRES AN ADDITION  TOTAL DUE:	
All participants agree to follow all St	THIS ENTIRE AGREEMENT, AND IN SIGNIN tate and City & County mandates pertaining who chose not to participate once spaces have	to COVID-19 related saf	<i>APLY WITH THE TE</i> fety and other rules	ERMS SPECIFIED IN THE s set by the Mililani Town	Association. Specifics will	l be outlined in VENDOR REMINDERS that wi	
*VENDOR'S SIGNATURE (REQUIRED) DATE							
FOR MTA OFFICE USE (	ONLY:						
RECEIPT #: DATE:						AMOUNT PAID: \$	
METHOD OF PAYMENT	:	·		·		•	
□ CASH	☐ CHECK   CHECK #	☐ CREDIT (	□ CREDIT CARD   □ VISA □ MASTERCARD □ OTHER				
STAFF INITIALS:	NOTES:	I					



Special Eve Notes:	ents Only:		

## MILILANI TOWN ASSOCIATION | SPECIAL EVENTS VENDOR CREDIT CARD AUTHORIZATION FORM

**EVENT: 2023 HOLIDAY CRAFT FAIR EVENT DATE:** DECEMBER 2, 2023

- PLEASE BE SURE YOUR ACCOUNT HAS SUFFICIENT FUNDS.
- \*NO ELECTRONIC SIGNATURES
- ALL INFORMATION IS REQUIRED FOR AUTHORIZATION.
- DON'T FORGET TO ADD \$35 UPGRADE FEE (IF APPLICABLE) TO AUTHORIZED AMOUNT.
- AUTHORIZATION FORMS WILL BE SHREDDED ONCE EVENT IS COMPLETE. DON'T PRINT ON BACK OF YOUR APPLICATION.

VENDOR NAME:				
NAME ON CREDIT CARD:				
CREDIT CARD TYPE:	CIRCLE ONE:	VISA	MASTERCARD	DISCOVER
CREDIT CARD NUMBER:				
EXP. DATE:				
<b>CID#</b> (3 DIGITS ON BACK OF CARD):				
BILLING ADDRESS:				
CITY, STATE, ZIP CODE:				
AUTHORIZED AMOUNT:				
SIGNATURE*				