



Mail To:  
**MILILANI TOWN ASSOCIATION**  
**ATTN. SPECIAL EVENTS**  
 95-303 Kaloapau Street  
 Mililani, HI 96789

SPACE:

**DO NOT WRITE HERE (EVENTS ONLY):**

MAIN SNACK BEVERAGE CRAFT OTHER

TENT  TRUCK

**TOTAL DUE:**

MILILANI TOWN ASSOCIATION

**2024 SUMMER BASH VENDOR APPLICATION**

SATURDAY, JULY 27, 2024 | 4:00 p.m. – 8:00 p.m. | REC CENTER 7 | 95-1333 Lehiwa Drive, Mililani, HI 96789

**APPLICATION DUE DATE: MUST BE RECEIVED BY 4:00 PM ON TUESDAY, MAY 14, 2024**

**PLEASE READ THE VENDOR AGREEMENT BEFORE SUBMITTING THE APPLICATION.**

**VENDOR INFORMATION:**

VENDOR/BUSINESS NAME	CONTACT NAME	CONTACT PHONE NUMBER	*EMAIL ADDRESS (REQUIRED)
BUSINESS   MAILING ADDRESS	CITY	STATE & ZIP CODE	

**VENDOR CATEGORY:**

<input type="checkbox"/> FOOD TRUCK	<input type="checkbox"/> FOOD TENT	<input type="checkbox"/> CRAFT/PRE-PACKAGED FOOD
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**PRODUCT CATEGORY (SELECT ALL THAT APPLY):**

<input type="checkbox"/> CRAFTS OR RETAIL	<input type="checkbox"/> PRE-PACKAGED SNACKS	<input type="checkbox"/> FOOD VENDOR OR BEVERAGE	<input type="checkbox"/> OUTDOOR DEEP FRYERS	<input type="checkbox"/> OUTDOOR GRILL (HIGH SMOKE)
ITEMS SOLD   MENU:			NEW VENDORS – INSTAGRAM OR ATTACH PRODUCT PHOTOS:	

**SPACE REQUESTS & FEES:**

<input type="checkbox"/> GENERAL VENDOR (10'X10' OUTDOOR SPACE)	NUMBER OF SPACES:	<input type="checkbox"/> GENERAL VENDOR FEE: \$50	\$
<input type="checkbox"/> FOOD VENDOR TENT (10'X15' SPACE)	NUMBER OF SPACES:	<input type="checkbox"/> GENERAL VENDOR FEE: \$50	\$
<input type="checkbox"/> FOOD TRUCK (3 PARKING SPACES)	NUMBER OF SPACES:	<input type="checkbox"/> GENERAL VENDOR FEE: \$50	\$
			TOTAL DUE: \$

**PAYMENT & AGREEMENT: AGREEMENT MUST BE SIGNED**

<b>TOTAL DUE:</b>	<b>PAYMENT TYPE (NO CASH OR CASHIER'S CHECKS PLEASE:</b>	<input type="checkbox"/> CHECK   CHECK #	<input type="checkbox"/> CREDIT CARD AUTHORIZATION FORM
<p><i>I HAVE HEREBY CAREFULLY READ EVENT VENDOR AGREEMENT, AND IN SIGNING IT, I AGREE TO COMPLY WITH THE TERMS SPECIFIED IN THE MILILANI TOWN ASSOCIATION VENDOR AGREEMENT.</i>          All participants agree to follow all State and City &amp; County mandates pertaining to COVID-19 related safety and other rules set by the Mililani Town Association. Specifics will be outlined in VENDOR REMINDERS that will be sent prior to the event. Vendors who chose not to participate once spaces have been assigned must request a refund (less \$20 processing fee) by Friday, July 12, 2024, at 4:00 pm (see VENDOR AGREEMENT for CANCELLATION/RETURNED CHECK FEE POLICY).</p>			
*VENDOR'S SIGNATURE (REQUIRED)			DATE

**FOR MTA OFFICE USE ONLY:**

RECEIPT #:	DATE:	AMOUNT PAID: \$
METHOD OF PAYMENT:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK   CHECK # <input type="checkbox"/> CREDIT CARD   <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> OTHER
STAFF INITIALS:	NOTES:	



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<b>Special Events Only:</b> <b>Notes:</b>
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**MILILANI TOWN ASSOCIATION | SPECIAL EVENTS**  
**VENDOR CREDIT CARD AUTHORIZATION FORM**

**EVENT: SUMMER BASH**  
**EVENT DATE: JULY 27, 2024**

**PAYMENTS WILL START ON: MAY 28, 2024**

- PLEASE BE SURE YOUR ACCOUNT HAS SUFFICIENT FUNDS.
- \*NO ELECTRONIC SIGNATURES
- ALL INFORMATION IS REQUIRED FOR AUTHORIZATION.
- AUTHORIZATION FORMS WILL BE SHREDDED ONCE THE EVENT IS COMPLETE. **DO NOT PRINT ON BACK OF YOUR APPLICATION.**

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