**41st ANNUAL HAWAIIAN SCOTTISH FESTIVAL**

**April 6th & 7th, 2024, 9am – 4pm**

***RETAIL* & *FOOD VENDOR REGISTRATION FORM***

BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT/CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: (CITY/STATE/ZIP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF MERCHANDISE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENDOR SUBMISSION CHECKLIST

Obtain General and products liability insurance policy for minimum of $300,000.00

Obtain a health clearance certificate from Department of Health, Sanitation Department (food vendors)

ORIGINAL Certificate of Insurance Add additional insurers to Certificate of Insurance; (Jefferson Elementary School, its agents and employees and Hawaiian Scottish Association, board members, its agents and representatives)

**SCAN & SEND ALL COPIES OF PAPERWORK BY E-MAIL TO: HSAVendors@icloud.com**

**MAIL ALL ORIGINALS and MAKE CHECK PAYABLE TO:**

**HAWAIIAN SCOTTISH ASSOCIATION, Attn: Vendor Coordinator**

**P.O. BOX 3795, Honolulu, HI 96812**

**APPLICATION DEADLINE is March 1, 2024**

**Insurance forms and Green Placard are required**

Food and Drink Vendors are responsible for providing their own power, water and shelter if necessary and must attend BOTH DAYS. Spaces are available on a first come first served basis. Retail vendor space is approximately 10’ wide. Costs shown include both days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| P | Food and Beverage Vendor Costs | | P | Retail Vendor Space Costs | |
|  | Food Truck | $350 |  | 1 table / 2 chairs | $100 |
|  |  |  |  | 2 tables / 4 chairs | $200 |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Enclosed:\_\_\_\_\_\_\_\_\_

Your CANCELLED check will confirm your space as a Vendor or include a self-addressed stamped envelope for receipt.

TO PAY ONLINE, GO TO: https://hawaiian-scottish-association.square.site/