

**THE ANNUAL HISPANIC HERITAGE  
FESTIVAL & HEALTH FAIR  
Saturday, October 13, 2018  
Chinatown District, Nuuanu Avenue  
10:00 a.m. – 5:00 p.m.**

**FOOD BOOTH APPLICATION FORM**

ORGANIZATION/BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

MAILING ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

**FOOD BOOTH - \$500.00**

**Application ASAP limited space**

**12X12 SPACE ONLY**

- PROVIDE YOUR OWN WASHING HANDS STATION
- Tent must be secured with weights only.

**Food Booth Requirements:**

- Copy of Liability Insurance (See Informational Letter)
- Department of Health (DOH) Temporary Food Establishment Permit
- List of food items being sold with suggested prices (to be review and approve)
- Must provide its own equipment and supplies (tent, generators, cooking equipment trash bags, etc.)
- Must attend a mandatory meeting (To be announced)
- **A 25% (\$125) non-refundable deposit is required with your application to secure a booth and the balance paid on or before August 10, 2018.**

**AUTHORIZATION/RELEASE AGREEMENT**

I the undersigned understand the “**Annual Hispanic Heritage Festival & Health Fair**” guidelines as outlined and agree that I/my organization will abide by them.

The Vendor agrees to indemnify and save harmless the Hawaii Hispanic Heritage Festivals & Events as well as all other organizers of this event against and from any and all claims by or on behalf of any persons, firms or corporations, arising from the conduct or management of, or from any work or thing whatsoever done in or about, the booth area, or arising from any breach or default on the part of the Vendor in performance or any agreement contained herein, or arising from act of negligence of the Vendor, or any of its agents, contractors, employees or licensees, and in case any action or proceeding be brought against the Hawaii Hispanic Heritage Festivals & Events by reason of any claim, the Vendor agrees to resist or defend such action or proceeding by counsel reasonable satisfactory to the Hawaii Hispanic Heritage Festivals & Events.

Please enclose your Health permit, insurance and complete menu.

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_