

**THE ANNUAL HISPANIC HERITAGE
FESTIVAL & HEALTH FAIR
Sunday, October 15, 2017
McCoy Pavilion, Ala Moana Beach Park
11:00 a.m. – 8:00 p.m.**

FOOD/SNACK BOOTH APPLICATION FORM

ORGANIZATION/BUSINESS NAME: _____

CONTACT PERSON: _____ TITLE: _____

CONTACT PHONE NUMBER: _____ CELL NUMBER: _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP): _____

FOOD/SNACK BOOTH -\$600.00

Application ASAP limited space

12X12 SPACE ONLY (Payment must be made to secure space)

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

Food/Snack 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 your own equipment and supplies (tent, generators, cooking equipment trash bags, etc.)**
- **Must attend a mandatory meeting (To be announced)**
- **Payment Required by September 24, 2017**

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: _____