## 15 th Annual Avocado Festival

Saturday, April 2, 2022 10:00 am - 4:00 pm FREE TO THE PUBLIC COMMUNITY EVENT APPLICATION FOR PERMIT

(City)	(State) (Zip)	
Phone:	Cell:	Email:
C. Names of Responsible Ve	endors:	
1	Title	Phone
2	Title	
3		
<b>II. INFORMATION ABOU</b>	UT REQUESTED USE: A	A. Date: Saturday, April 2, 2022
B. Time: FROM 10:00 AM	TO 4:00 PM	
C. Specific nature or type of in	tended use (items for sale, etc.	)
D. Maximum number of person	ns at booth	
E. Name of person in charge du		
F. Will a posted sign be used a	t the designated area? Yes	No Posted signs must be neat and professional !!
		tion, display or device? Yes No
		le liability insurance certificate where a device has moving parts.

H. Design/display of 10x10 booth layout must be visually pleasing!!

I. \$50 Electricity fee only to those who request a location where electricity is available. All power cords MUST be provided by vendor.

## III. REPRESENTATIVES AND AGREEMENTS (PLEASE READ CAREFULLY)

The undersigned hereby represents that he/she is the Applicant or an Officer or other Authorized Agent of the Applicant named herein and that he/she is over 18 years of age. The undersigned further acknowledges he/she has read and is familiar with the Statement of Policy and Rules Governing Hale Halawai (from County of Hawaii) and recognizes and agrees by his/her signature hereto the making of this Application, the issuance of any Permit based on this Application and the use authorized by such Permit are expressly conditional upon Applicant's acceptance and continuing observation of said Rules.

Applicant will indemnify and hold SANCTUARY OF MANA KE'A GARDENS, and the County of Hawai'i harmless from and against any and all claims for personal injuries, death, damages, costs and/or other expenses, including reasonable attorneys' fees, arising from or in any way connected with the use of Hale Halawai, County of Hawaii or any part or facility thereof by the Applicant or Applicant's agents, members, partners, associates, contractors, servants and employees. The undersigned declares, under penalties of perjury, that the factual information furnished by him/her in this Application is true, accurate and complete to the best of his/her knowledge and belief.

By:	Date:	
Title:	Phone:	
FOR OFFICE USE ONLY:		
Date Received:	Amount of Fees Paid: COUNTY:	SANCTUARY:
Approved:	Denied:	:
Comments:		

## **RETURN APPLICATION AND PAYMENT TO "SANCTUARY OF MANA KE'A GARDENS"** P.O. Box 939 Hounaunau, Hawaii 96726-0939 OR IN PERSON TO RANDYL RUPAR.

| \$250.00 Food Vendors plus \$50 food donated to staff and performers

| \$150 Inside Pavilion, Tables & Chairs are provided

| \$100.00 Ocean Lawn Vendors Outside, vendors supply tent, table, chairs

\$30 County Vendor Permit for General Excise Tax payable to "Director of Finance"