



**July 12, 2026
11am to 6pm**

www.ukulelepicnicinhawaii.org

Food Vendor Application Form

One booth will be 10'x10'. Tent will not be provided, please bring a 10'x10' tent; if you bring a 10'x20' tent, please apply for 2 spaces. If you need to rent a tent, we can connect you with our Tent vendor for rental.

Vendor Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

PAYMENT INFORMATION

Booth Fee: **\$300**

How many booth: _____

Total: \$ _____

Payment: Check (Payable to "Ukulele Foundation of Hawaii")

Please send check to:

Ukulele Foundation of Hawaii

1750 Kalakaua Avenue #206

Honolulu, HI 96826

Credit Card

PayPal

FOOD SAFETY REQUIREMENT

Food Vendor must obtain Food Permit from Department of Health, and provide Hand Washing Station (A 5-gallon or more water jug with spigot, a bucket, and hand soap).

PROOF OF INSURANCE

Please ask your insurance to issue certificate of insurance and email to us ASAP.

Email: isaac@ukulelelab.com

Requirement: \$2M per occurrence, \$2M aggregate. Please name following as additional insureds:

i) City & County of Honolulu Department of Parks and Recreation
650 S King Street, Honolulu HI 96813

ii) Ukulele Foundation of Hawaii
1750 Kalakaua Ave. #206, Honolulu, HI 96826

Such policy or policies shall be written on a primary basis, contain a waiver of subrogation in favor of the City and County of Honolulu, and name the City and County of Honolulu as an additional insured. Certificate(s) of insurance ("COI") shall be provided to the City prior to the Concession Event outlining compliance with this insurance requirement.

SET UP TIME

Vendors must complete move-in during the following hours:

Sunday, July 12th, 8:30 AM to 10:30AM

BREAKDOWN TIME

Vendors must complete move-out during the following hours:

Sunday, July 12th, 6:00PM to 7:30PM

By signing this application, I hereby affirm:
that I am authorized to sign on behalf of company,
that I have read and understand the rules and regulations governing my application.

Vendor Representative

Date

Please return this application and food menu (food vendor only) via email and we will reply to you for payment info if not included in this application. Also please submit required permits as soon as possible.

Contact Details:

Isaac Peters: 808-232-3417 / isaac@ukulelelab.com

(Ukulele Foundation: 808-312-4381 / info@poepoehcc.com)