

KEAUHOU FARMERS' MARKET

APPLICATION - AGREEMENT FORM

Thank you for your interest in the Kona County information. If you would like to be a vendor, plea Kona County Farm Bureau PO Box 2341			
Kealakekua, HI 96750			
After we have received your application, we wi			
When we have an opening for your type of pro required documents.	duct, we will call	you and then yo	u can submit the other
I would like to apply to operate as a vendor at the	e Keauhou Farm	ers' Market.	
Name			
Company name			
Address			
City, Hawaii	Zip Code		
Best way to reach me is (check one): Phone	Cell	Fax	email
Business Phone Ce	ell Phone		
Fax Email			

If my application is approved, I will be selling the following items:

AGREEMENT (Application is not complete unless signed below)

I understand that the Kona County Farm Bureau and the Hawaii Farm Bureau Federation reserves the right to cancel this application/agreement at any time.

I have read the contents of "Farmers' Market Information" and agree to the terms set forth.

The Kona County Farm Bureau has the right to terminate this application/agreement if I do not abide by the rules and requirements set forth in "Farmers' Market Information."

Signature of authorized individual representing vendor

Date _____

Print Name of authorized individual representing vendor