

Hilo Farmers Market

KITCHEN VENDOR APPLICATION

Full Name:	Business Name:								
Address:									
Address:									
City, State & Zip:									
Phone Number:									
<p>Which of the following describe the products you would like to COOK in the KITCHEN? Describe: (please check the box of all applicable categories)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Fruits and vegetables</td> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Poultry, meat, eggs</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Baked Goods</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Milk, cheese, other dairy</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Plants, flowers</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Crafts</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Fish, Seafood</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other: __chocolates__</td> </tr> </table> <p>Will you sell your product at other markets, street fairs, or events? (please check only one box):</p> <p style="text-align: right;">YES NO</p> <p>If YES, which ones?</p> <p>Please check the appliances you will use: Do you have kitchen / food experience?</p> <p>___ wok ___ 4 burner stove ___ oven ___grill ___fryer</p> <p>My preference(s) for days of the week are (please check all appropriate boxes)</p> <p><input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN</p> <p><input type="checkbox"/> Weekly What hours?</p> <p>If your preferred day(s) are unavailable, please list other days you would be interested in COOKING: (please check all appropriate boxes) What hours?</p> <p><input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN</p> <p>Please provide the names of family members or employees who will COOK at the KITCHEN:</p> <hr/> <p>Are you certified to receive Food Stamps? (please check only one): <input type="checkbox"/> YES xNO</p> <hr/> <p>Email Address:</p> <p>Please read our day stall vendor Rules and Regulations before submitting this form.</p>		<input type="checkbox"/> Fruits and vegetables	<input type="checkbox"/> Poultry, meat, eggs	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Milk, cheese, other dairy	<input type="checkbox"/> Plants, flowers	<input type="checkbox"/> Crafts	<input type="checkbox"/> Fish, Seafood	<input type="checkbox"/> Other: __chocolates__
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