

# **APPLICATION**

## 2023 MIDORI KAI ARTS & CRAFTS OUTDOOR BOUTIQUE

Saturday, September 9, 2023
Boutique Hours 9:30 am to 4:00 pm
Lakeside Office Plaza Parking Lot
1279 – 1299 Oakmead Parkway, Sunnyvale, CA 94085

Please read the Vendor Cover letter & Guidelines as they have been changed this year.

	APPLIC	ATION DEA	ADLINE: JULY 31, 2	<mark>02</mark> 3		
(Please Check One)						
DATE:	RETURNING:	NEW:	REFERRED BY:			
VENDOR INFORMA	TION: <u>ALL Vendors</u>	Must PRINT C	LEARLY Information b	elow:		
NAME:			_CO. NAME:			
ADDRESS:		City:	State:	Zip:		
Website:		Email:				
CELL: DESCRIBE YOUR PRO		PHONE:			<del></del>	

**CANOPY:** (PLEASE READ GUIDELINES FOR DETAILS) Each vendor must provide their own 10′ x 10′ canopy with minimum 20 lb. weights to hold down each leg/corner of the canopy. Vendor must also bring their own tables, chairs, and any props for their canopy.

No sharing of one canopy unless both vendors have been juried, each vendor must complete their own application and provide their own Certificate of Insurance.

RESALE LICENSE:	PLEASE DO NOT submit a copy of your resale license, just complete the information below	v:
Resale License Numb	per: State Date Issued:	



SET UP HOURS: 6:30 am to 9:30 am. Must be ready to open up by 9:30 am. One Vehicle allowed in front of your Canopy during set up & take down. Vehicle must be removed By 9:15 am

BOUTIQUE HOURS: 9:30 am to 4:00 pm  CLEAN UP MUST END BY 5:30pm
DRAWING PRIZES:  First Prize - \$500 - AMAZON GIFT CARD Second Prize - \$300 - COSTCO GIFT CARD Third Prize - \$200 - TARGET GIFT CARD Drawing Ticket Packet for \$20 for 5 tickets
I will purchase # Ticket Packets Drawing Ticket Packet x \$20 each \$
INSURANCE: (Please check one below)
<ul> <li> Enclosed is my Certificate of Insurance ("COI") naming Midori Kai Inc., a California non-profit (501(c)(3) corporation         as an Endorsed Additional Insured.         I am a NON-FOOD VENDOR &amp; I want to be ADDED to the Midori Kai, Inc. general liability policy. I agree to enclose payment of \$40 to Midori Kai for the one (1) day insurance coverage (Initial)</li></ul>
FOOD VENDORS: If you are selling food products of any kind, please download the Santa Clara County Health  Department Application from July 1, 2023. https://www.sccgov.org/sites/cpd/programs/TE/Pages/home.aspx  1. Complete the application & find the appropriate fee on the SCCC Health Dept website;  2. Return the completed application & your check for fee made payable to Santa Clara County Health Dept to Midori Kai, Inc., 130 E. San Fernando St., #309, San Jose, CA 95112 No Later than July 31, 2023.  3. No guarantee we can process your Health Permit if check & paperwork received after July 31, 2023.  (Check Appropriate foods): Yes, I will sell Pre-packaged foods pre-cooked foods fresh fruits or vegetables other*  Describe the type of food you will sell:



### **CHARGES:** *Please complete below*:

1.	<b>Canopy Booth Space:</b> 12' x 12' each: # of canopy booth spaces: x \$75.00 each = TOTAL \$ I agree to provide my own tables, chairs, minimum 20 lb. weights for each Canopy legs. I understand that I cannot change my assigned space location.				
	check one below)				
2.	nsurance: I want to purchase general liability insurance coverage under Midori Kai, Inc., insurance policy for ne (1) day coverage at the cost of \$40. Total payment \$40 made payable to Midori Kai by checkor paid nline via credit card or PayPal				
3.	<b>Drawing Ticket Packet:</b> Five (5) ticket $\#$ packet $x $20 = TOTAL $ (Your Ticket will be included in your Vendor Package on the day of the Boutique). I will use PayPal/Credit Card.$				
4.	Online Booth Fee Payment: Please visit the Vendor Login page on the Midori Kai website: <a href="https://midorikai.com/vendor-login/">https://midorikai.com/vendor-login/</a> where you can pay using your PayPal account, or a credit card. Please provide the <a href="Mame on your PayPal Account">Name on your PayPal Account</a> : Paid \$				
5.	Check Booth Payment: I will mail a check. Please mail your check made payable to Midori Kai, 130 E. San Fernando Street, #309, San Jose, CA 95112. Total Check Amount: \$ Check # Check #				
I unde dissati Outdo	WENDORS MUST READ AND SIGN BELOW:  erstand that Midori Kai, Inc., a non-profit corporation IRC Sec 501 (c) (3) shall not be liable for product defect, customer isfaction, lost or stolen product, injury, damage or any other liability that may arise before, during or after the Midori Kai wor Arts & Crafts Boutique regarding the sale of my product(s), crafts or art. I accept full responsibility for any liability or the claim that may arise because of my participation in the Midori Kai Outdoor Arts & Crafts Boutique.				
*100%	ee to donate 10% of my gross sales to Midori Kai, Inc. at the end of the boutique from 4:00 pm to 5:30 pm.  5 of the Boutique net proceeds are contributed to Midori Kai Endowment Fund and are donated to four non-profit izations.				
SIGN	ATURE:PRINT NAME:				
COM	PANY NAME:DATE:				

<u>IMPORTANT:</u> EMAIL COMPLETED VENDOR APPLICATION & Certificate of Insurance TO PHYLLIS OSAKI at <u>posaki@gsmanagement.com</u> <u>DEADLINE JULY 31, 202</u>3

IMPORTANT: MAIL completed Health Department Permit Form to Midori Kai Inc., and your check made payable to Santa Clara County Health Department to Midori Kai, Inc., c/o Phyllis Osaki, 130 E. San Fernando Street, 309, San Jose, CA 95112. DEADLINE JULY 31, 2023



### **CANCELLATION POLICY:**

- All cancellations must be in writing & email to posaki@gsmanagement.com & marshabaird@me.com
- \*100% refund if cancelled before August 1st
- \*50% refund if cancelled from Aug 1st to August 15th
- \*0% refund for cancellation after August 16th to September 9th

### MIDORI KAI ARTS & CRAFTS BOUTIQUE CO-CHAIRPERSONS:

Phyllis Y. Osaki <u>posaki@gsmanagement.com</u> (925) 596-1770 - Cell Marsha Baird <u>marshabaird@me.com</u> (510) 579-1518 - Cell

WEBSITE: www.midorikai.com