



Midori Kai Inc.

# CRAFT VENDOR APPLICATION

2026 MIDORI KAI ARTS & CRAFTS BOUTIQUE

Saturday, September 12, 2026

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

**APPLICATION & PAYMENT DEADLINE: JULY 31, 2026**

Date: \_\_\_\_\_

*(Please Check One)*

RETURNING: \_\_\_\_ NEW: \_\_\_\_ IF NEW, REFERRED BY: \_\_\_\_\_  
*Print Name*

## VENDOR INFORMATION:

NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*(Check Your Product(s):*

Jewelry \_\_\_\_ Pottery \_\_\_\_ Fabric Art \_\_\_\_ Clothing \_\_\_\_ Home Art \_\_\_\_ Art/Prints \_\_\_\_ Other \_\_\_\_\_

Please Describe Your Product(s) in More Detail:



Midori Kai Inc.

**OUTDOOR BOOTH:** Each outdoor booth has space for one 10' x 10' canopy. **Outdoor Booth Fee \$100 per space plus 10% of Sales Donation.** Craft Vendor will supply their own canopy/table/chairs. Option to Rent Equipment is available below.

I will provide my own canopy/weight, table, and chair. Yes \_\_\_\_ No \_\_\_\_

- o Number of Outdoor Booth Space(s): \_\_\_\_\_ x \$100 each = TOTAL: \$ \_\_\_\_\_.
- o I understand that I **cannot change** my assigned space location.
- o I will setup my own canopy, table & chairs. Yes \_\_\_\_ No \_\_\_\_
- o Please arrange for someone to set up my canopy, table & chairs: Yes \_\_\_\_ No \_\_\_\_
- o If you check "Yes", you will be **charged \$75 for the setup** of your canopy, table & chairs.
- o I am sharing # \_\_\_\_ booth(s) with another vendor. Yes \_\_\_\_ No \_\_\_\_ . If sharing your booth(s), each vendor **MUST** complete his or her own Midori Kai Application. Name of Company/Person sharing my space: \_\_\_\_\_

**OPTION TO RENT EQUIPMENT:** I request that Midori Kai RENT the following equipment for me and I will pay the cost outlined below. I must submit my application & payment no later than July 31, 2026.

- 10' x 10' Canopy – Rental Fee Per Canopy \$90 x # Canopy \_\_\_\_\_ = Total \$ \_\_\_\_\_
- 6' Table – Rental Fee Per Table \$15 x # Tables \_\_\_\_\_ = Total \$ \_\_\_\_\_
- Folding Chair – Rental Fee Per Chair \$5 # Chairs \_\_\_\_\_ = Total \$ \_\_\_\_\_
- Midori Kai please set up my rented canopy/table/chair(s) Yes \_\_\_\_ No \_\_\_\_
- If you checked **Yes**, the set up charge is **\$75 per booth**. Total Set Up Charge: \$ \_\_\_\_\_
- Canopy \$ \_\_\_\_\_; Table(s) \$ \_\_\_\_\_; Chair(s) \$ \_\_\_\_\_; Set up Charge \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

**INDOOR SPACE:** There are only **27 indoor spaces**, which are available on a first come first serve basis. **Indoor Space Fee: \$100 per space plus 10% of Sales Donation.** Each indoor space includes one 6' table & two folding chairs. If you need additional tables or chairs, see Option to Rent Equipment above.

Number of indoor space(s) required: \_\_\_\_\_ x \$100 each = TOTAL: \$ \_\_\_\_\_

- I would like to rent extra chairs # \_\_\_\_\_ x \$5 for each extra chair = Total Cost \$ \_\_\_\_\_
- I need one Electrical Outlet Yes \_\_\_\_ No \_\_\_\_ *(check one)* **I will provide my own heavy-duty extension cord and use blue tape to tape down the extension cord.**
- I understand that I **cannot change** my assigned space location.
- I am sharing my space(s) with another vendor. Yes \_\_\_\_ No \_\_\_\_ . If sharing your space(s), each vendor **MUST** complete their own separate Midori Kai Application.  
Name of Company/Person sharing your indoor space: \_\_\_\_\_
- I will set up my indoor space on Friday September 11, 2026 from 2 pm to 5 pm \_\_\_\_ or
- I will set up my indoor space on Saturday morning between 6:30 am to 9 am \_\_\_\_ . *(check one)*



Midori Kai Inc.

**INSURANCE IS REQUIRED:**

**Please note that Midori Kai's Insurance carrier no longer offers one day event coverage. Please contact your home or auto insurance carrier to obtain one day event coverage. Thank you.**

\_\_\_\_ Enclosed is my Certificate of Insurance ("COI") naming Midori Kai Inc., a California non-profit IRC (501) (c) (3) corporation, as an Endorsed Additional Insured. (See attached Sample COI). **Your COI must be submitted no later than July 31, 2026 and if not received by the deadline, there will be a late charge of \$25.00. You must provide a copy of your Certificate of Insurance to participate in the Boutique.**

**RESALE LICENSE/SELLER'S PERMIT INFORMATION:**

**PLEASE DO NOT SUBMIT A COPY OF YOUR RESALE LICENSE OR SELLER'S PERMIT - JUST PROVIDE THE INFORMATION BELOW:**

Resale License/Seller's Permit Number: \_\_\_\_\_ State \_\_\_\_\_ Date Issued: \_\_\_\_\_

**VOLUNTARY PRODUCT DONATION:** Please consider a voluntary in-kind product donation (valued at \$25+) for use in our donation drawings. If you would like to donate something from your product line, please bring it to the Midori Kai green canopy on Saturday morning before 9:30 am. Thank you!

*Please check one below:*

- YES. I will donate an in-kind product drawing prize. Thank You!
- Sorry I cannot make an in-kind product donation this year.

**MIDORI KAI DRAWING PRIZES**

1<sup>st</sup> Prize - \$500

2<sup>nd</sup> Prize - \$300

3<sup>rd</sup> Prize - \$200

**And Vendor Donation Prizes**

Drawing tickets are \$20 for 10 tickets!

I will purchase Ticket Packets # \_\_\_\_\_ Drawing Ticket Packets x \$20 each = \$ \_\_\_\_\_

**MUST COMPLETE PAYMENT SUMMARY:**

- **Outdoor Booth Fee Payment:** \$ \_\_\_\_\_
- **Indoor Space Fee Payment:** \$ \_\_\_\_\_
- **Drawing Tickets:** Number of Ten (10) ticket packet # \_\_\_\_\_ packet(s) x \$20 = TOTAL \$ \_\_\_\_\_  
(Your Tickets will be included with your Vendor papers on the day of the Boutique).
- **Rental Equipment Total Cost** \$ \_\_\_\_\_ Set up Fee \_\_\_\_\_ \$75
- **TOTAL PAYMENT:** \$ \_\_\_\_\_



Midori Kai Inc.

**PAYMENT:**

Please visit the Vendor Login page on the Midori Kai website <https://midorikai.com/boutique/vendorapplication>. You can pay boutique fees or donate to Midori Kai using your Credit Card on the Midori Kai website. You can also pay by Check (payee Midori Kai Inc.) & mail to Midori Kai c/o Phyllis Osaki, 130 E. San Fernando Street, #309, San Jose, CA 95112. Please indicate how you are paying your fees below:

- Paid by Check \$\_\_\_\_\_ Check # \_\_\_\_\_ Payor on check: \_\_\_\_\_
- Paid by Credit Card \$\_\_\_\_\_

---

**IMPORTANT:** ALL APPLICATIONS, PAYMENTS & CERTIFICATE OF INSURANCE DUE BY **JULY 31, 2026.** Please email your completed Application and Certificate of Insurance (“COI”) to [midorikaiboutique@gmail.com](mailto:midorikaiboutique@gmail.com). If you are mailing your application, COI & a check please MAIL everything to Midori Kai, c/o Phyllis Osaki, 130 E. San Fernando Street, #309, San Jose, CA 95112.

---

**CANCELLATION POLICY:**

- All cancellations must be in writing & email to [midorikaiboutique@gmail.com](mailto:midorikaiboutique@gmail.com)
- \*100% refund if cancelled before August 1st
- \*50% refund if cancelled from August 1<sup>st</sup> through August 31st
- \*0% refund for cancellation after September 1<sup>st</sup>

---

**BOUTIQUE REGISTRATION ON SEPTEMBER 12, 2026:**

- **ENTER DRIVEWAY WITH MIDORI KAI GREEN FLAG SIGN – OPEN AT 6:30 AM**
- PICK UP VENDOR INFORMATION/DRAWING TICKETS, IF PURCHASED
- Drop off equipment/product and immediately drive car off property and park in the designated parking lot
- SET UP HOURS: 6:30 am to 9:00 am on Sept. 12, 2026
- Must be ready to open up by 9:30 am.
- **10% of Sales MUST be paid to Midori Kai from 4 pm to 5:30 pm on September 12, 2026**
- **CLEAN UP MUST END BY 5:30 pm**

---

**MIDORI KAI BOUTIQUE CONTACTS:**

- Phyllis Y. Osaki, Boutique Co-Chair, Cell: (925) 596-1770
- Maureen Mukai, Boutique Co-Chair
- Michelle Tanaka, Food Chair (408) 621-5726
- Email Address: [midorikaiboutique@gmail.com](mailto:midorikaiboutique@gmail.com)
- WEBSITE: [www.midorikai.com](http://www.midorikai.com)

---

**ALL VENDORS MUST READ AND SIGN BELOW:**



Midori Kai Inc.

*I understand that Midori Kai, Inc., a non-profit corporation IRC Sec 501 (c) (3) shall not be liable for product defect, customer dissatisfaction, lost or stolen product, injury, damage or any other liability that may arise before, during or after the Midori Kai Arts & Crafts Boutique regarding the sale of my product(s), crafts or art.*

*I accept full responsibility for any liability or insurance claim that may arise because of my participation in the Midori Kai Arts & Crafts Boutique.*

*\*I agree to donate 10% of my gross sales to Midori Kai, Inc. at the end of the boutique from 4:00 pm to 5:00 pm. \*100% of the Boutique net proceeds are contributed to Midori Kai Endowment Fund and are donated to other community non-profit organizations.*

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you!

Phyllis Y. Osaki & Maureen Mukai



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Producer/Agency Name Producer/Agency Address Producer/Agency City, State, Zip	CONTACT NAME: Agent Contact Name	PHONE (A/C, No, Ext): (xxx) xxx-xxxx	FAX (A/C, No): (xxx) xxx-xxxx
	E-MAIL ADDRESS: Agent Contact Email		
INSURED  Vendor Name Vendor Address Vendor City, State, Zip	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Carrier Name		XXXXXX
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			Vendor Policy Number	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ xxx,xxx	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	<b>AUTOMOBILE LIABILITY</b>			<b>SAMPLE COI</b>			COMBINED SINGLE LIMIT (Ea accident)	\$	
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
						\$			
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>						AGGREGATE	\$	
	DED							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Certificate holder has been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26)

**CERTIFICATE HOLDER****CANCELLATION**

Midori Kai Inc., a California non-profit  
IRC (501) (c) (3) corporation  
5674 Sonoma Drive  
Pleasanton, CA 94566

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Agent Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Schedule**

**Name of Additional Insured Person(s) or Organization(s):**

Midori Kai Inc., a California non-profit IRC (501) (c) (3) corporation

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. SECTION II - WHO IS AN INSURED** is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.