



Midori Kai Inc.

# FOOD 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: \_\_\_\_\_

Please Describe Your Food Product(s) in More Detail:



Midori Kai Inc.

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

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

**OPTION TO RENT EQUIPMENT:** I cannot provide my own Canopy/Weights, Table or Chairs. I request that Midori Kai RENT the following equipment for me. I will pay the cost outlined below and agree to submit my application & payment no later than **July 31, 2026** if renting equipment through Midori Kai.

- 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** available on a first come first serve basis. Each space includes one 6' table & two folding chairs. **Only pre-packaged food vendors will be allowed to rent indoor space. No cooking allowed indoors.** **Indoor Space Fee: \$100 per space plus 10% of Sales Donation.**

- Number of indoor space(s): \_\_\_\_\_ x \$100 each = TOTAL: \$ \_\_\_\_\_
- I would like to rent extra chairs # \_\_\_\_\_ x \$5 for each extra chair = Total Cost \$ \_\_\_\_\_
- I understand that I **cannot change** my assigned space location.
- I need one Electrical Outlet Yes \_\_\_\_ No \_\_\_\_ (**check one**) **I will provide my own heavy-duty extension cord and use Blue Tape to take down the extension cord.**
- I am sharing my space(s) with another vendor. Yes \_\_\_\_ No \_\_\_\_.
- If sharing one or more spaces, please understand that each vendor **MUST** complete their own Midori Kai Application.
- Each person sharing an indoor space must complete a separate application. **Name of Company/Person sharing your indoor space:** \_\_\_\_\_ (**Check One**).



Midori Kai Inc.

(Indoor Space continued)

- I will set up my indoor booth on Friday, September 11, 2026 between 2 pm and 5 pm \_\_\_\_\_ or
- I will set up my indoor booth on Saturday morning between 6:30 am and 9 am \_\_\_\_\_. **Check One**

**FOOD VENDOR:**

**Food Vendors selling food products of any kind MUST follow instructions below from the Santa Clara County Health Department ("SCC") website <https://www.sccgov.org/sites/cpd/programs/TE/Pages/home.aspx>**

1. Complete the Temporary Food Facility ("TFF") application & find the appropriate Risk category (RC1-RC3) fee on the SCC website.
2. Return the completed Santa Clara County TFF Application and pay your SCC fees directly to Midori Kai via PayPal, credit card or check made payable to Midori Kai, Inc. Santa Clara County requires Midori Kai to make one consolidated payment for all Food Vendors. **IF NOT SUBMITTED BY JULY 31, 2026 OR FOOD VENDOR WILL NOT BE ELIGIBLE TO PARTICIPATE IN THE BOUTIQUE.**
3. Please send or email your Midori Kai application, all Health Department County forms and if paying by check, mail to Phyllis Osaki at 130 E. San Fernando Street, #309, San Jose, CA 95112. You can email your application and county forms to [midorikaiboutique@gmail.com](mailto:midorikaiboutique@gmail.com).

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

**DO NOT SUBMIT A COPY OF YOUR RESALE LICENSE/SELLER'S PERMIT - JUST COMPLETE BELOW:**

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

**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. You must provide a copy of your Certificate of Insurance to participate in the boutique. Thank you.**

\_\_\_\_ Enclosed is my Certificate of Insurance ("COI") naming Midori Kai Inc., a California non-profit IRS (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 that date, there will be a late charge of \$25.00.**



Midori Kai Inc.

**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 one in-kind product drawing prize.
- NO I cannot make an in-kind product donation

**MIDORI KAI DRAWING**

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:** \$ \_\_\_\_\_ Total cost.
- **Indoor Space Fee Payment:** \$ \_\_\_\_\_ Extra Chairs: \$ \_\_\_\_\_
- **Temporary Food Facility ("TFF") Fees** \$ \_\_\_\_\_
- **Drawing Tickets:** Number of Ten (10) ticket packet # \_\_\_\_\_ packet(s) x \$20 = TOTAL \$ \_\_\_\_\_  
(Your drawing tickets will be included in your Vendor Package on the day of the Boutique).
- **Rental Equipment Total Cost** \$ \_\_\_\_\_ Set up Fee \_\_\_\_\_ \$75
- **TOTAL PAYMENT:** \$ \_\_\_\_\_

Please visit the Vendor Login page on the Midori Kai website via <https://midorikai.com/boutique/vendorapplication>. You can pay fees or donate to Midori Kai using your Credit Card on the Midori Kai website. You can also pay by check and mail to:

Midori Kai Inc. 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 Credit Card** \$ \_\_\_\_\_
- **Paid by Check** \$ \_\_\_\_\_ Check # \_\_\_\_\_ Name on check: \_\_\_\_\_



Midori Kai Inc.

**IMPORTANT:**

ALL APPLICATIONS, PAYMENTS & CERTIFICATE OF INSURANCE DUE BY **JULY 31, 2026.**

Please email your completed Application and Certificate of Insurance to [midorikaiboutique@gmail.com](mailto:midorikaiboutique@gmail.com). You can pay via PayPal or Credit Card on the Midori Kai website. If you are paying by check, please MAIL it to Phyllis Osaki, c/o Midori Kai, 130 E. San Fernando Street, #309, San Jose, CA 95112.

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**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>

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**BOUTIQUE CHECK IN ON SEPTEMBER 12, 2026:**

- **ENTER DRIVEWAY WITH MIDORI KAI GREEN FLAG SIGN – OPEN AT 6:30 AM**
- PICK UP VENDOR DOCUMENTS, 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 Donation 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**

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**MIDORI KAI ARTS & CRAFTS BOUTIQUE CONTACTS:**

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

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