



KONA COUNTY FARM BUREAU
KEAUHOU FARMERS MARKET
New Vendor Application

Name(s) _____

Company name _____

Address _____

City _____, Hawaii Zip Code _____

Farm Location _____ (if different from above)
(city)

Business Phone _____ Cell Phone _____

Email _____ Fax _____

Best way to reach me is (check one):

_____ Business Phone _____ Cell Phone _____ Email _____ Fax

I will be selling the following items: _____

Employee names working in booth (not listed above) _____

AGREEMENT

I understand the Kona County Farm Bureau and the Hawaii Farm Bureau Federation reserves the right to cancel this application/agreement at any time if I do not abide by the rules and requirements set forth.

Signature

Date