



COUNTY OF HAWAII
DEPARTMENT OF PARKS & RECREATION
RETURN COMPLETED FORM TO THE EVENT ORGANIZER

VENDOR PERMIT

Name _____ Address _____

Organization/Business Name/dba _____

General Excise Tax License/Federal ID# _____ Phone: _____

For sale of goods, products, services on _____ at _____
(Date) (Facility)

To be completed by the Event Organizer:

Contact Person _____ Phone: _____

Organizer _____ Permit No. _____

DAMAGES & LIABILITIES: Every permit issued by the Department of Parks & Recreation shall be subject to the regulations of the department, the rules and regulations of the respective facilities, and county ordinances. Every person and organization who is issued a permit shall be liable for loss, damage or injury to persons or property resulting from the use of the facility under such permit. Every person and organization shall also be liable for breach of the rules, regulations and/or ordinances, to the person(s) suffering such loss, damage or injury, and to the Department of Parks & Recreation and the County of Hawaii, in the event the department or the County is named as a party to an action for such loss, damage or injury. Possession or consumption of alcohol by persons under 21 is prohibited.

PERMIT: The Vendor shall obtain a Vendor Permit at least two weeks prior to date of activity and shall have a valid State of Hawaii General Excise Tax License. The Vendor shall have the permit in his/her possession at all times when sales are being conducted. Failure to immediately produce permit when requested by the Director or his/her representative shall be cause for denial of use of County facilities or properties to such person or organization, whether as a sponsor or as a vendor, for a period of one year beyond the date of noncompliance. ***A copy of your General Excise Tax License must accompany permit.***

FEE: \$ 30 per day X _____ day(s) Total: \$ _____

****A personal check will be accepted up until two weeks prior to activity. Make check payable to Director of Finance. Other forms of acceptable payment – cash, cashier's check or money order.***

I HAVE READ THE ABOVE AND ACCEPT THE RESPONSIBILITIES AS STATED:

Applicant's Signature

For: _____
Applicant's Title within Organization/Business (if applicable)

FOR USE BY PARKS & RECREATION PERSONNEL ONLY

Date: _____ Print Name: _____

Received: ☐ GE Tax License ☐ Payment

Office Personnel:

☐ Verified GE Tax License

Staff Initial: _____

Date: _____