



KAUAI MADE

PROGRAM APPLICATION

Mahalo for your interest to participate in the Kaua'i Made program.

Submit application and all inquiries to:

County of Kaua'i
Office of Economic Development
4444 Rice Street, Suite 200
Lihue, HI 96766

Email: kauaimade@kauai.gov
Phone: 241-4946
Fax: 241-6399

CONTACT INFO

Company Name:

Registered Business Name (if different from above):

Contact Person:

Mailing Address:

Street Address:

Telephone:

Fax:

Email Address:

Web Site:

CATEGORIES

I am applying as a: Vendor Retailer Both

- 1) "Vendor" refers to businesses that create Kaua'i made products for sale.
- 2) "Retailer" refers to businesses that sell Kaua'i made products in their store.
- 3) If your business both makes and sells Kaua'i made products in a retail outlet, please check "Both".

VENDOR INFORMATION REQUESTED

How many products do you wish to permit?

Please describe your Kaua'i made product(s):

- 1)
- 2)
- 3)

Where are your products currently sold? (include retail outlets, online, trade shows, direct sales)

Where is your product manufactured in the County of Kaua'i?

What percentage of the wholesale value is of Kaua'i origin for each product?
Please describe its source (materials, value added or both).

- 1)
- 2)
- 3)

If you use materials that are not grown or purchased on Kaua'i, are they available on island? If so, please explain.

How many Kaua'i made products do you sell on a monthly basis (number of pieces or items sold)?

If you are selling a food product, how do you insure quality control and safety?

How would you use the Kaua'i Made label on your product? (check all that apply)

Adhesive sticker Die cut hangtag Stamp

Print on packaging Other (please specify) _____

RETAILER INFORMATION REQUESTED

How many retail outlets do you wish to permit? _____ Please list store names and locations: _____

1) _____

2) _____

3) _____

4) _____

Do you currently have a special section for products made on Kaua'i?

If not, are you willing to create one?

Are you willing to display Kaua'i Made products or collateral within 10 feet of your store entrance?

Are you interested in selling other Kaua'i Made products that you do not currently sell?

Please explain any "no" responses: _____

Indicate which type of point of purchase materials you would use to identify Kaua'i Made products (please check all that apply):

Banner Door Decal

Table Tent Shelf Talkers

Other (please specify) _____

DISTRIBUTION INFORMATION FOR ALL PARTICIPANTS

Do you sell products online?

Do you ship to fulfill orders via the worldwide web?

Do you handle product inquiries via email?

Do you have a contact number to inquire about Kaua'i products that you make or sell?

I am a principal of the business indicated above, and certify that my answers are both accurate and complete. I understand that this information is for application only subject to the approval of the County of Kaua'i Office of Economic Development, and will be kept confidential.

Signature _____ Date _____