VENDOR APPLICATION TEMPLATE



VENDOR INFORMATION

COMPANY NAME			OWNER First and Last Names			
ADDRESS						
POINT OF CONTACT NA	ME	POINT OF CONTACT TITLE				
PHONE	FAX	EMAIL				
FEDERAL TAX ID NUMBER		WEBSITE				

ORGANIZATION TYPE

-	·
	SOLE OWNER
	CORPORATION
	NON-PROFIT
	OTHER; if "Other," please explain below:
1	

APPLYING AS

FLORIST
CATERER AND/OR FOOD AND BEVERAGE
PHOTOGRAPHER/VIDEOGRAPHER
OTHER; if "Other," please explain below:

CHECK ALL THAT APPLY

LICENSES AND PERMITS
INSURANCE
PREVIOUS VENDOR OR COLLAB EXPERIENCE

APPLYING FOR

EVENT VENDOR
TO BE INCLUDED IN OUR VENDOR BOOK
COLLABORATION
OTHER; if "Other," please explain below:

DESCRIPTION OF YOUR OFFERINGS

EVENT VENDO	R APPLI	CATION						
EVENT INFORMATION- C	NLY IF YOU \	WOULD LIKE TO BE	CON	ME A VENDOR AT	OUR I	UPCC	DMING EVENTS	
EVENT TITLE								
EVENT LOCATION NAME					EVE	EVENT DATE(S)		
EVENT ADDRESS					AC	CEPT/R	EJECT NOTIFICATION DATE	
					(IN	(INTERNAL)		
FEE INFORMATION								
FEE AMOUNT	MAKE PAY	ABLE TO						
\$50.00	PRETTY P	ICNICS AND PLANI	NING	;				
PAYMENT METHOD	ONL	INE PAYMENT		CHECK			OTHER:	
				<u>'</u>				
CERTIFICATION I hereby affirm that all inforr	mation supplie	d is true and accurat	e to	the best of my know	vledge	and k	pelief.	
NAME	TITLE							
SIGNATURE	DATE							
COMPLETED FORM SUB <i>i</i>	MISSION PRO	CESS						
CONTRICTED FORMITOOD	VII.0010111110							

QUESTIONS AND CONCERNS		