

THE MARKETPLACE
OFF-CAMPUS
APPLICATION FORM

Vendor Name: _____

Address: _____

Phone: _____

Email: _____

Purpose: **Sales:** *Describe Product(s)* _____

Promotion: *Describe Promotion* _____

Requested Date(s) and Time(s): _____ / _____ / _____
Date(s) Beginning Time Ending Time

Set-up Required: _____

Number Tables _____ Size Tables _____ Number Chairs _____

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Organization/Individual is responsible for obtaining all necessary licenses and permits and for reporting any sales tax to the appropriate authorities. Have licenses/permits available to display upon request. Corporate Fee (Per Day) \$75 Individual Fee (Per Day) \$40

Printed Name of Contact Person Signature of Contact Person Date

~~Please return this form to:~~
University Events
UNA Box 5068 Florence, AL
35632-0001
(256) 765-4658

FOR UNIVERSITY EVENTS USE ONLY

Approved by: _____ Date: _____