

# Vendor Registration

Name/Organization		Head or Name of Applicant
Contact Name	Phone	Email
Vendor ID.	Tax ID No.	Tribal Affiliation
TAX Exempt? Y/N		Vendor Website
Organization Type: Sales Vendor: ____ Corporation:____ Non-Profit____		

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/ Sale Proprietor	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership/Limited Partnership	<input type="checkbox"/> Non Profit

1. All vendors are responsible for liability insurance and compliance with any and all requirements of the State of California.
2. Vendors are responsible for leaving a clean area at closing.
3. All vendors shall exhibit professional manners always.
4. Please be aware that this is a very small venue and we will have only 10 spaces available. Each space is approximately 10 ft x 10 ft.
5. \$50 per vendor. Money can either be paid in advance or on the day.

Vendor's Name/Requestor:	Signature:	Date:

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Vice-President Signature

\_\_\_\_\_  
Date