

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 _____								
<table border="1"><tr><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Individual/ Sale Proprietor</td><td><input type="checkbox"/> Joint Venture</td></tr><tr><td><input type="checkbox"/> LLC</td><td><input type="checkbox"/> Partnership/Limited Partnership</td><td><input type="checkbox"/> Non Profit</td></tr></table>			<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
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<ol style="list-style-type: none">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