

Campus Vendor Application

Submit application at least 3 weeks before event. All vendors must provide proof of insurance.

Business Information

Business Name *

Contact Person *

Address

City

State

ZIP

Phone

Email

Website

Business Details

Type of Business

Food/Beverage

Merchandise/Retail

Services

Entertainment

Other

Description of Products/Services *

Event Information

Event/Location Requested

Requested Date(s)

(MM/DD/YYYY)

Requirements

Electricity needed

Tables/chairs needed

Water access needed

Other Requirements

Certifications

Valid business license (attach copy)

Certificate of Insurance (attach copy)

Food handler permit (if applicable)

Agreement

I agree to comply with all university policies

I understand approval is subject to university review

Authorized Signature

Sign above

Date: _____

Date

(MM/DD/YYYY)