

## Campus Vendor Application

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

### Business Information

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**Business Name \***

**Contact Person \***

**Address**

**City**

**State**

**ZIP**

**Phone**

**Email**

**Website**

### Business Details

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**Type of Business**

Food/Beverage

Merchandise/Retail

Services

Entertainment

Other

**Description of Products/Services \***

**Event Information**

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**Event/Location Requested**

**Requested Date(s)**

(MM/DD/YYYY)

**Requirements**

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**Electricity needed**

**Tables/chairs needed**

**Water access needed**

**Other Requirements**

**Certifications**

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Valid business license (attach copy)

Certificate of Insurance (attach copy)

Food handler permit (if applicable)

### Agreement

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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)