

SALES AUTHORIZATION PERMIT OFF/ON CAMPUS VENDORS

Name:

Date of Application:

Organization/Business:

Tax ID# (if applicable):

Phone:

Date Requested:

Area Requested:

Items to be sold:

Operations Staff Approval

Signature:

Date:

Comments:

The Campus Life and Recreation, Operations Office reserves the right to revoke this privilege when violation of this agreement is evident.

We, the undersigned, hereby attest that we have read the *Guidelines for Sales* and/or *Guidelines for Sales by On-Campus Organizations* and agree to abide by these regulations during the above sales period.

Signature of Vendor or Individual Responsible:

Date: