

**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 _____

	Signature	Date	Comments
Student Life Operations Approval			

The Student Life 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 on the reverse side of this application and agree to abide by these regulations during the above sales period.

Signature of Vendor or Individual Responsible

Date