

**SALES AUTHORIZATION PERMIT
OFF/ON CAMPUS VENDORS**

Name _____ Date of Application _____

Organization/Business _____

Tax ID# (if applicable) _____ Phone # _____

Email _____

Date Requested _____ Area Requested _____

Items to be sold _____

	Signature	Date	Comments
Student Involvement Office Approval			

The Student Involvement Office reserves the right to revoke this privilege when violation of this agreement is evident.

We, the undersigned, hereby attest that we have reviewed the guidelines of the Public Speaking, Distribution of Literature, Commercial Solicitation and Demonstration in Public Areas Policy and agree to abide by these regulations during the above sales period.

Signature of Vendor or Individual Responsible

Date