

University of California, Irvine

TEMPORARY VENDOR PERMIT

VENDOR INFORMATION

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

California Resale #: _____

Description of items (attach photographs if possible or additional pages):

Vendor Signature: _____

Please return this application by: _____

SPONSOR INFORMATION

Sponsoring Department/Group: _____

Date(s) / Time(s) of Sale: _____

Location of Sale: _____

Size of Booth: _____ Electricity: Yes _____ No _____

Authorized Signer: _____

THIS PERMIT MUST BE DISPLAYED ON VENDING SITE AT ALL TIMES