THE MARKETPLACE
OFF-CAMPUS
APPLICATION FORM

Vendor Name: _____

Address: _____

Phone: _____

Purpose: **Sales:** *Describe Product(s)* _____

Promotion: *Describe Promotion* _____

Requested Date(s) and Time(s): _____/_____/_____
Date(s) Beginning Time Ending Time

Set-up Required: _____

Number Tables _____ Size Tables _____ Number Chairs _____

.....

Organization/Individual is responsible for obtaining all necessary licenses and permits and for reporting any sales tax to the appropriate authorities. Have licenses/permits available to display upon request.

Corporate Fee (Per Day) ..... **$75** ***Individual Fee (Per Day)*** **$40**

_____ _____

Printed Name of Contact Person **Signature of Contact Person** **Date**

Please return this form to:
University Events
UNA Box 5068
Florence, AL 35632-0001
(256) 76504658

FOR UNIVERSITY EVENTS USE ONLY

Approved by: _____ Date: _____