

Denio's Vendor Information Form

NEW VENDOR RETURN VENDOR UPDATE

Space Number _____ _____ _____	Electricity Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____ _____	\$ _____	What brought you to Denio's? <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Print Media <input type="checkbox"/> TV/Radio <input type="checkbox"/> Word of mouth <input type="checkbox"/> Coupon <input type="checkbox"/> Other _____	Today's Date ____/____/____ Renewed <input type="checkbox"/> YES <input type="checkbox"/> NO ____ <input type="checkbox"/> Other Space
Vendor ID on file? <input type="checkbox"/> Yes <input type="checkbox"/> Need to bring	Agent ID on file? <input type="checkbox"/> Yes <input type="checkbox"/> Need to bring	Permit on file? <input type="checkbox"/> Yes <input type="checkbox"/> Need to bring	Insurance on file? <input type="checkbox"/> Yes <input type="checkbox"/> Need to bring	

Vendor Education Checklist: Shown By _____ Vendor Initial _____

Entry Off-Loads Open/Closing Time Escorts Canopies/Weights

Insurance Required: Yes No Fire Extinguisher Required: Yes No

Start Wkly Renewal Process 2-Week Front Space Add-On Space # _____

Contact Information

FIRST NAME	MIDDLE NAME	LAST NAME
HOME ADDRESS	Apt.#	CITY STATE ZIP
BUSINESS NAME AND ADDRESS	CITY	STATE ZIP
(HOME #)	(CELL #)	(OTHER #)
(BUSINESS #)	This Number is OK to give customers: (PHONE #)	
AGENT FIRST NAME	AGENT LAST NAME	(PHONE #)

E-MAIL ADDRESS- Providing your email address will subscribe you to Denio's newsletter. Vendor may unsubscribe at any time online.

Permit/License - Product/Service Information

IDENTIFICATION/DRIVER LICENSE NUMBER	ISSUING AGENCY	STATE OR COUNTRY	EXPIRATION
CALIFORNIA SELLER'S PERMIT #	VERIFIED & ATTACHED	OTHER PERMIT TYPE	OTHER PERMIT NUMBER

WHAT PRODUCTS OR SERVICES DO YOU SELL OR PROVIDE? PLEASE BE SPECIFIC.

Vehicle Information - Please provide information for vehicles you will have at the market

MAKE	MODEL	YEAR	COLOR	LICENSE #
MAKE	MODEL	YEAR	COLOR	LICENSE #

Emergency Contact Information & Signature Lines

FIRST NAME	LAST NAME	()
------------	-----------	-----

I/we certify that the above information is true and correct to the best of my/our knowledge. Knowingly providing false information may result in termination of vendor's License Agreement with Denio's. I/we agree to abide by the terms and conditions as stated in the License Agreement.

Vendor Signature: _____

Authorized Agent Signature: _____