

VENDOR APPLICATION REQUEST FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN FORM TO:

NCCU
Business and Auxiliary Services
Lee Biology Building #106
1801 Fayetteville St.
Durham, NC 27707

1. Today's Date: _____ 2. Approval Date: _____.

3. Number of hours desired: _____ 4. Event/Activity Title: _____.

5. Type of Activity: Sales Distribution

6. Location / Vending Areas

Campus Patio Area/ Other Campus Designated Area _____.

Alfonso Elder Student Union Building

Vendor's Row (NCCU O'Kelly-Riddick Stadium)

Amount you (Vendor)are paying : _____

<u>Vending Material/ Product (s) To be Sold</u>	<u>Approximate Price of items</u>
a. _____	_____
b. _____	_____
c. _____	_____

REQUESTING COMPANY: _____

REPRESENTATIVE: _____

Address/City/State/Zip Code _____ Telephone # _____

SIGNATURE: _____

Requesting Representative _____ Date _____

(Approval Authority) :

University Vending Facilities _____ Date _____

ACTION TAKEN: Approved Disapproved

Fees: _____ Date: _____

REASON/STIPULATIONS: _____

Routing List:

Vending Facilities Vendor Alfonso Elder Student Union

NOTE: THE VENDOR WILL BE RESPONSIBLE FOR CLEANING AREA AFTER EVENT/ACTIVITY.