						rvey? 🔽 YES	
Denio's Ven	dor Infor	mation Form	New Vend	or 🗖 Conve	rsion 🗖 R	eturn Vendor	UPDATE
	ocial Media	enio's?	TV/Radio 🔲 W	ord of mouth	Coupon		's Date
Contact Information On File: Vendor ID Agent ID Permit							
LAST NAME		FIRST NAME			MIDDLE NAME	E	
HOME ADDRESS			Apt.# CITY			STATE	ZIP
BUSINESS NAME AND ADDRESS			CITY			STATE	ZIP
( <sup>CELL #</sup> )-	-	( HOME # )-		(	OTHER # )-	-	
		PHONE # TO GIVE TO CUSTO	DMERS	(	)-	-	
E-MAIL ADDRESS- Providing you	r email address will subs	cribe you to Denio's newsletter. Ven	dor may unsubscribe at any t	time online.			
AGENT FIRST NAME		AGENT LAST NAME		(	PHONE #	-	
Permit/License - Product/Service Information							
IDENTIFICATION/DRIVER LICEN		,	ISSUING AGENCY		STATE OR COUNTR	RY EXPIRATION	
CALIFORNIA SELLER'S PERMIT #		VERIFIED & ATTACHED	O OTHER PERMIT TYPE		OTHER PERMIT NU	MBER	
WHAT PRODUCTS OR SEF	RVICES DO YOU SELL	OR PROVIDE? PLEASE BE SPEC	CIFIC. YOU MAY NOT B	RING DIFFERENT PRO	DUCTS THAT HA	AVE NOT BEEN APPRO	VED BY DENIO'S
Vehicle Information - Please provide information for vehicles you will have at the market							
MAKE		MODEL	LICENSE :		YEAI		
MAKE		MODEL	LICENSE :	#	YEAI	R COLO	2
Emergency Contact Information & Signature Lines							
LAST NAME		FIRST NAME			(	)	
I/we certify that the above information is true and correct to the best of <b>my/our</b> 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:							
Office Use Only Renewed							
Space Number						YES	NO
							Other Space