

CONTACT INFORMATION

First Name	Middle Name	Last Name			
Home Address	Apt.#	City	State	Zip	
Business Name & Address	City			State	Zip
Home # () - -	Cell # () - -	Other # () - -			
Business # () - -	Email Address				

PERMIT/LICENSE - PRODUCT/SERVICE INFORMATION

Identification/Driver License #	Issuing Agency	State or Country	Expiration
California Sellers Permit #	Nonprofit ID #		

Please tell us about your nonprofit organization:

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	Phone # () - -
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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 _____

Please email this form to Adrian Acosta at AAcosta@DeniosMarket.com, or mail to, **Denio's Farmers Market, Attn: Adrian Acosta, 2013 Opportunity Drive, #140, Roseville, CA 95678**. Or, submit your form in person at the above address.