



City of Florence

Vendor Application

(Participating under an Approved Master Vendor)

City Hall ~ 250 Hwy 101, Florence, OR 97439

(541) 997-3437 – www.ci.florence.or.us

| | | | |
|-----------------------------|--|-------------------|--|
| Event Name and/or Location: | | | |
| Vendor Business Name: | | | |
| Mailing Address: | | City, State, Zip: | |
| Business Phone: | | Business Email: | |

| | |
|---|--|
| Detailed Description of Business: | |
| Please describe water utilities that will be used: | |
| Please describe the manner and method of waste and/or trash disposal: | |

Owner Contact Information

Co-Owner / Manager Contact Information

| | | | | | | | |
|--------------------------|--|--------|--|--------------------------|--|--------|--|
| Name: | | | | Name: | | | |
| Driver's License Number: | | State: | | Driver's License Number: | | State: | |
| Date of Birth: | | | | Date of Birth: | | | |
| Phone Number: | | | | Phone Number: | | | |
| Email: | | | | Email: | | | |

- I certify that the above information is correct.
- Pursuant to FCC 3-1-3-2-B, I understand that an Oregon Criminal History Check will be performed on the owner/manager listed above, and if applicable additional parties. Such data may be considered to determine my fitness to perform the licensed activity without endangering public health or safety.

| | | | |
|--------------------------|--|-------------------------|--|
| Name of Applicant: | | Applicant Phone Number: | |
| Vendor Signature: | | Date: | |
| Master Vendor Signature: | | Date: | |

**** ALL FEES ARE NON-REFUNDABLE ****