ASDVC

Associated Students of Diablo Valley College

Fax (925) 825-4389

Web: http://www.dvc.edu

VENDOR CONTRACT

COMPANY NAME:	VENDOR GORTRAGI	
CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	
SERVICE OR MERCHANDISE TO BE SOLD: No competition with DVC campus merchandise is allowed.		
Ve	nding is only allowed in designated areas of the campus	s Quad.
DATE (S) OF SALE: Vendors are limited to 6 days per semester.		
REQUIRED LICENSE/F	PERMIT INFORMATION	
Pleasant Hill Business License: (not required of banks)		
	Business Name:	
	Number:	
California State Board of Equalization Sales Permit: (not required of banks)		
	Number:	
	Business Name:	
 It is the responsibility of the vendor to: Report all sales to the appropriate authorities. Compute, Report and Pay all taxes to the appropriate authorities. Provide copies of all required licenses and permits to the ASDVC Associated Students prior to event. Represent all merchandise truthfully. Make payment to the DVC Student Life Office in advance of the event.		
may not be held responsib vendor while doing busines	le for any personal or product injury, damage or loss incurre ss on the college campus.	ed by the undersigned
I have read and agree to li Authorized vendor or repre	mit of liability. Contract can be canceled by mutual agreeme esentative signature:	ənt.
Signature	natureDate	
Print Name and Title_		