

# RENTAL VENDOR APPLICATION

## GALLIVAN CENTER

239 South Main Street, Salt Lake City, Utah 84111

Phone (801) 535-6113 Fax (801) 535-6100

Name/Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Vendor Representative \_\_\_\_\_  
Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Event \_\_\_\_\_ Date \_\_\_\_\_ Setup \_\_\_\_\_ am/pm Tear down \_\_\_\_\_ am/pm

Items to be sold or distributed \_\_\_\_\_

### To better serve your needs please provide the following information for equipment requiring electricity:

Appliance	Qty.	amps	watts	Appliance	Qty.	amps	watts	Appliance	Qty.	amps	watts
Refrigerator	_____	_____	_____	Slicer	_____	_____	_____	Portable Oven	_____	_____	_____
Steam Table	_____	_____	_____	Sno Cone	_____	_____	_____	Deep Fryer	_____	_____	_____
Freezer	_____	_____	_____	Blender	_____	_____	_____	Popcorn Maker	_____	_____	_____
Coffee Maker	_____	_____	_____	Microwave	_____	_____	_____	Other	_____	_____	_____

### Vendor will have all permits required to Vend at the Gallivan Center:

Temporary Food Permit, 535-6644	Food Handlers Permit 313-6620	Beer Permit 535-6644, SLC 977-6800, DABC
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SLC Business Licensing 535-6644	Sales Tax License 297-6303	Liquor & Wine Permit 977-6800
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Comments/Special Conditions \_\_\_\_\_

### Agreement must be signed and returned to Gallivan Center staff 4 weeks before Event.

Signature indicates that you understand and agree to of all conditions as stated above. Any condition not met will result in vendor's exclusion from future events.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

Gallivan Representative \_\_\_\_\_ Date \_\_\_\_\_

Agreement Reviewed by Rental Manager _____	Event Supervisor _____	Maintenance _____
Post event review: Compliance _____	Noncompliance _____	Date _____