



AMERICAN UNIVERSITY
WASHINGTON, DC

ON-CAMPUS VENDING APPLICATION

Sponsoring AU Club/Organization: _____

Sponsoring AU Club/Org. Representative: _____ Phone Number: _____

Sponsoring Club/Org. Account Number: _____ E-mail: _____

On-Campus Vending Information:

Area Requested: Butler Pavilion Patio Book Buy Back Quad

Other (please specify)

Date(s) Requested: _____ Time(s): _____ to _____

Date(s) Requested: _____ Time(s): _____ to _____

Alternative Date(s) Requested: _____

Vendor Name: _____ DC Vendor License/Tax I.D. #: _____

Vendor Address: _____

Vendor Phone: _____ Vendor Fax: _____

Item(s) being vended/marketed (be specific): _____

Certification Information:

I do hereby certify that the above vendor has read and signed an American University On-Campus Vending Agreement, in conjunction with this On-Campus Vending Application, and has been provided a copy of all applicable policies and procedures.

I understand and agree to comply with the On-Campus Vending Guidelines, the Posting policy, the On-Campus Vending Rules and Regulations, and all university rules and regulations.

Sponsoring Org. Rep. Signature _____ Date _____

Approval Information:

1. Auxiliary Services Approval: _____ Date: _____

2. Student Activities Advisor: _____ Date: _____

(Required for student club/organization sponsored vendors)