

LOS MEDANOS
COLLEGE

Student Life

ON/OFF CAMPUS VENDOR TABLE REQUEST

Club/Organization Name: _____

Non-Profit Tax ID Number (If Applicable) _____

Contact Person: _____ Phone Number _____

Date(s) of Use _____ Time: _____

Purpose

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Sales/Fundraising

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Non-Commercial Materials (petitions, voter registration, information, etc.)

Description of Activity

Location: ____ First floor of Student Union ____ Outdoor location by Student Services Center

Vendors are responsible and agree to the following:

* Parking Permit Fees (\$3.00/day)

* You may only solicit at one location as indicated above.

* You may not remove or relocate any tables or other furniture.

* Vendors on campus to sell items must pay a fee of \$50.00/day (to be paid at cashier window prior to scheduled activity).

Representative Signature: _____ Date: _____

Student Life Signature: _____ Date: _____

NOTE: Fees are waived for non-profits, military, religious organizations, and student clubs.

Cashier Office Use Only

Fee Paid _____ **Date** _____ **Received By:** _____

Deposit to GL: 11-01-301051-645013-54100

Los Medanos College reserves the right to terminate this agreement for violation of College or District policies. This can lead to the prevention of any future approval of use of facilities by person(s) or organization.