



Tickets Unlimited - Table Vending Program

Category B,C,D,E – Sale of Goods

Amherst, MA 01003
Main: (413) 545-0412
Vending: (413) 545-01
Fax: (413) 545-0198

Name: _____

Address: _____

Phone: _____ **Alternate Phone:** _____

E-mail: _____

Business Name: _____

Business Address *(if different from above):* _____

Business Phone: _____ **Fax:** _____

E-mail: _____

A. STATUS

1. Are you a student of the University of Massachusetts? YES NO
 - a. If yes, what is your student I.D. number? _____
 - b. How many credits are you earning? _____

(Please provide Tickets Unlimited with a copy of your SPIRE schedule)

2. Do you have a valid Massachusetts Sales Tax I.D.? YES NO
 - a. If yes, what is the Tax I.D. number? _____

(A valid tax ID is required to vend, please submit a copy of the tax id to Tickets Unlimited)

3. Has your organization ever used the vending program before? YES NO
 - a. If yes, when? _____

B. NATURE OF BUSINESS

1. List all the items you plan to vend, recognizing that the sale of items which have not been approved may cause you to lose your vending privileges.

2. How did you obtain these items? List all wholesalers and/or suppliers that you will be dealing with.

3. Do you have any partnerships or any other person or corporation or group financially involved in your vending? If yes, please indicate who they are.

4. List all registered students who may at any time be associated with you. If you are being sponsored, please write the name of the sponsoring student organization and the contact person of that organization (Category E).

C. DECLARATION

I declare that all statements made on this application are true and correct. I recognize that if evidence contradicting any of the statements made on this application arises, that I and my organization are subject to the forfeit of all table space privileges.

I have read and understand the current Tickets Unlimited - Table Vending Policy and agree to abide by its provisions as administered by Tickets Unlimited and the Campus Center/Student Union Administration.

SIGNED: _____ DATE: _____

For office use only

Action Taken: Approved Not Approved Date: _____ Cost: _____

Vending Officer _____