

STAGECOACH MUSIC FESTIVAL 2010

NON-FOOD VENDOR APPLICATION

*Please fax this completed page to 323-960-1096 or return to
vending@stagecoachfestival.com. You will be contacted.
This application MUST BE COMPLETED in order to be considered.

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cellular Phone: _____

Fax: _____

Email: _____

State Board of Equalization #: _____

Federal Tax ID / Social Security #: _____

References: (please provide three) : _____

Past Experience: (Please provide a list of past large events where you have participated)

Do you have Insurance Coverage? YES NO

Description of Material to be sold or distributed
