

STAGECOACH MUSIC FESTIVAL
VENDOR APPLICATION

*Please fax this completed page to 323-930-7199 or return to vending@stagecoachfestival.com.
You will be contacted.

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.

