



TOWN OF MOUNT GILEAD

Vendor Request Form



Name: _____

Event Date/Time: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact#: _____ Height: _____ Weight: _____

Sex: () Male () Female Age: _____ Race: _____

Distinguishing Characteristics: _____

Signature of individual filing: _____

Date: _____

Name of Principle/ Employer: _____

Doing Business As: _____

Address of Principle/ Employer: _____

City: _____ State: _____ Zip Code: _____

Goods to be Sold/ Types of Service Provided: _____

Vehicle Description to be used, Include make, model, body style, color, and license number:

Employer Signature: _____

Date: _____

*Copies of payment of all applicable privilege license, and Copy of your License/ ID