

# RENTAL VENDOR APPLICATION

## GALLIVAN CENTER

239 South Main Street, Salt Lake City, Utah 84111

Phone (801) 535-6113 Fax (801) 535-6100

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Vendor \_\_\_\_\_

Representative \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Event \_\_\_\_\_ Date \_\_\_\_\_ Setup \_\_\_\_\_ am/pm Tear down \_\_\_\_\_ am/pm

Items to be sold or distributed \_\_\_\_\_

**The Gallivan Center has 20 amp 110v and 50 amp single phase power. If you require anything different you must list it.**

Appliance	Qty.	amps	watts
Refrigerator	_____	_____	_____
Steam Table	_____	_____	_____
Freezer	_____	_____	_____
Coffee Maker	_____	_____	_____

Appliance	Qty.	amps	watts
Slicer	_____	_____	_____
Sno Cone	_____	_____	_____
Blender	_____	_____	_____
Microwave	_____	_____	_____

Appliance	Qty.	amps	watts
Portable Oven	_____	_____	_____
Deep Fryer	_____	_____	_____
Popcorn Maker	_____	_____	_____
Other	_____	_____	_____

**Vendor will have all permits required to Vend at the Gallivan Center:**

Temporary Food	Food Handlers Permit	Beer Permit
Permit, 535-6644	313-6620	535-6644, SLC
		977-6800, DABC

SLC Business Licensing	Sales Tax License	Liquor & Wine Permit	Fire Retardant Tent
535-6644	297-6303	977-6800	State Fire Marshall
			284-6350

Comments/Special Conditions \_\_\_\_\_

**Agreement must be signed and returned to Gallivan Center staff 4 weeks before Event.**

Signature indicates that you understand and agree to of all conditions as stated above. Any condition not met will result in vendor's exclusion from future events.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

Gallivan Representative \_\_\_\_\_ Date \_\_\_\_\_

Agreement Reviewed by Rental Manager _____	Event Supervisor _____	Maintenance _____
Post event review: Compliance _____	Noncompliance _____	Date _____