

## **VENDOR APPLICATION**

Please attach a copy of your Tribal Business License and submit to the Shoshone-Bannock Land Use Department.

Business Name:		
Contact Person:	Email:	·····
Phone number:	Address:	
City:	State:	Zip:
Names of all employees:		
Primary nature of business: _		
If serving food or beverages, o	do you and your employees have a Fo	od Handler's License?
List Owner/Partners/Corporat	te Officers:	
Dates, Location and approxim	ate square footage of area requested	:
The Vendor is responsible for	removal of all garbage, trash, junk an	d other debris in their area.
Department. Vendor shall fol requirements and shall not co	indersigned to keep their contact infollow all applicable laws, ordinances, rundinances, rundinances, rundinances, rundinances, rundinances, create a Further, any non-member employee ion.	lles, regulations and other legal nuisance, illegal activity or negligent
This permit is subject to revoc	cation with or without notice by the La	and Use Policy Commission.
By signing this Application, yo	ou agree to be bound by the above as	well as all applicable laws.
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