



PERMIT TO SELL

Sponsoring Organization: _____

Representatives Information:

Name: _____ Phone: _____

Address: _____

_____ E-Mail: _____

Representatives Signature: _____ Date: _____

Sale/Event Information:

Date(s): _____ Time(s): _____

Location(s): _____

Reservations for space have been made: YES NO If YES, provide documentation.

Purpose for sale: _____

Items to be sold (describe in detail):

I understand that this form, if approved, is valid only for the dates, times, locations, and merchandise to be sold as indicated above.

Approvals/Authorizations:

NOTE: APPROVAL SIGNATURES MUST BE OBTAINED IN THE SAME ORDER THEY APPEAR.

Vice-Chancellor Finance and Administration: _____ Date: _____

Additional approval if necessary: _____ Date: _____

Comments from approving parties: _____

