

CITY OF GOLDEN CITY



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Application For Vendor Pass

Acct # _____ (To Be Completed By City)

Vendor/Organization Name:

Vendor/Organization Set Up Location Address:

Vendor/Organization Set Up Date(s)

Owner's Information

Owner Name: _____

Contact Phone # _____

E-mail: _____

Owner Address: _____

City/State/ZIP: _____

Sign: _____

Print: _____

Approved By: _____