



ST. VINCENT AND THE GRENADINES COMMUNITY COLLEGE

OFFICE OF THE DIRECTOR

Villa, P.O. Box 829

Tel: 1-784-457-4503 ext. 346

bursary@svgcc.vc

VENDOR APPLICATION

Date of Application: _____

National ID #: Business ID #:

APPLICANT'S NAME:

RESIDENTIAL ADDRESS	CONTACT INFORMATION
	Primary #:
	Secondary #:
	Email Address:

NAMES & ID #S OF OTHER EMPLOYEES

(1) (2)

(3) (4)

PRODUCT (S) AND/OR SERVICE (S)

Please indicate the type of product or service to be provided:

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Vehicle [] Stall/Machine [] Tent/Umbrella [] Pre-packaged [] Made-to-Order []

Vendor's Signature:

OFFICIAL USE ONLY

Type of Event: Date of Event:

Total Number of Sales People: []

Payment Amount: [] \$200 [] \$100 [] \$80

Application Approved: [] Yes [] No Approved by:

Receipt #: Vendor Pass #:

Vendor Application must be accompanied by a copy of vendor's Food Handler Certificate and National Identification Card in order to process application.