

LA PLAZA DE LAS AMERICAS VENDOR APPLICATION

VENDOR INFORMATION

Name (Last, First, MI)

Street Address

City, State Zip

Email

Phone Number

Date of Birth

Gender? Male Female

Best time to reach you? Morning Afternoon Evening

Preferred method of communication? Phone Email Mail

Primary / Preferred Language English Spanish

Applicant Signature

Date

Required Documents: Tax ID/EIN number and Vendor license.

For Office Use Only:

Date of Action _____

Approved

Declined

Notes _____

