



## VENDOR APPLICATION FORM

COMPANY/ BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

VENDOR EMAIL: \_\_\_\_\_

VENDOR WEBSITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TAX EXEMPT: Y or N

ORGANIZATION TYPE: Corporation, Sole Proprietor, LLC or Non-Profit

FOOD TRUCK VENDOR: \$250.00

FOOD VENDOR: \$125.00

NON-FOOD VENDOR: \$75.00 or \$50.00(w/\$25 donated gift for raffle)

COMMUNITY BASED ORGANIZATIONS: \$25.00

VENDOR'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE EMAIL FORM TO: [swtceewilliams@aol.com](mailto:swtceewilliams@aol.com) or CALL CAROL MALCOLM (323)527-5408. Vendor Check in information will follow, once application and payment are received.

**\*\*\* ALL VENDORS MUST PROVIDE THEIR OWN SET-UP\*\*\***

**ZELLE PAYMENT TO: (310) 748-4515 She4realpink Incorporated**

**CASH APP: She4realpink@gmail.com**

**DATE RECEIVED APPLICATION: \_\_\_\_\_**

**DATE VENDOR PAID FEE: \_\_\_\_\_**

**AMOUNT PAID: \_\_\_\_\_**

**\*\* DEADLINE FOR APPLICATION SEPTEMBER 19, 2025\*\***

**NO EXCEPTIONS!!!!**