

# STAGECOACH MUSIC FESTIVAL 2011

## NON-FOOD VENDOR APPLICATION

\*Please fax this completed page to 323-960-1096 or return to  
vending@stagecoachfestival.com. You will be contacted.  
This application MUST BE COMPELTED in order to be considered.

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

State Board of Equalization #: \_\_\_\_\_

Federal Tax ID / Social Security #: \_\_\_\_\_

References: (please provide three) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Experience: (Please provide a list of past large events where you have participated

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\_\_\_\_\_

Do you have Insurance Coverage? YES NO

**Description of Material to be sold or distributed**

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