SALES AUTHORIZATION PERMIT
OFF/ON CAMPUS VENDORS

Name _________________________________________ Date of Application __________________

Organization/Business ______________________________________________________________

Tax ID# (if applicable) ___________________________ Phone # ____________________________

Email _____________________________________________________________________________

Date Requested ________________________ Area Requested ______________________________

Items to be sold _____________________________________________________________________

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<tr>
<th></th>
<th>Signature</th>
<th>Date</th>
<th>Comments</th>
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<td>Student Involvement Office Approval</td>
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The Student Involvement Office reserves the right to revoke this privilege when violation of this agreement is evident.

We, the undersigned, hereby attest that we have reviewed the guidelines of the Public Speaking, Distribution of Literature, Commercial Solicitation and Demonstration in Public Areas Policy and agree to abide by these regulations during the above sales period.

__________________________________________________________________________________

Signature of Vendor or Individual Responsible Date

Salem State University - Ellison Campus Center - (978) 542-6440, fax (978) 542-8307