

VENDOR APPLICATION

Name of Business _____

Contact Person _____

Social Security No. _____

Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ Fax _____

E-mail _____

OK Sales Tax ID# _____

Vehicle ID# (tag) _____

Nature of Goods to be sold: _____

Days of the Week you will be open _____

From _____ to _____

Local address: _____

Please provide a copy of your drivers license to be attached to this application.

I hereby declare that the information provided in this application is accurate to the best of my knowledge. I agree to comply with the all Watonga City ordinances. .

Signature _____ Date _____

Harriette Nitzel
City Clerk

By: _____