



DASB FLEA MARKET

21250 Stevens Creek Blvd., Cupertino, CA 95014



(408) 864-8414

www.deanza.edu/fleamarket

fleamarket@deanza.edu

APPLICATION

**RENEW/UPDATE THIS FORM ONLY ONCE EVERY TWELVE (12) MONTHS
OR IF YOUR INFORMATION CHANGES, WHICHEVER COMES FIRST**

PLEASE TYPE OR PRINT CLEARLY AND FILL OUT COMPLETELY

INCOMPLETE OR ILLEGIBLE FORMS MAY NOT BE PROCESSED.

VENDOR INFORMATION — *Partners/additional sellers, complete a separate copy of this form*

DRIVER LICENSE NUMBER OR STATE ID NUMBER AND STATE *

VENDOR'S NAME

BUSINESS NAME (IF APPLICABLE)

MAILING ADDRESS (street number or P.O. box)

(city, state and zip code)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

()

TYPE OF BUSINESS, DESCRIPTION OF ITEMS TO BE SOLD/DISPLAYED

STATUS — Check appropriate boxes, and provide requested information (see Registration Procedure Steps for help)

- I hold a valid seller's permit. My number is: **S** _____
- No sales of tangible personal property are being made or solicited at this event.
- I am not required to hold a seller's permit because:
- My sales are exempt occasional sales (used household ONLY) My retail product sales are not subject to tax (i.e. Non-Profit)
- I sell on behalf of a section 6015 retailer (i.e. Tupperware, Avon) _____

CERTIFICATION

The above statements are certified to be correct to the best knowledge and belief of the undersigned.

I also certify that I will adhere to the Vendor Promise.

VENDOR PROMISE: In order to persuade the Flea Market Operator to allow me entrance and use of a stall I promise to read, accept and adhere to the DASB Flea Market Regulations (see "Regulations") available online at www.deanza.edu/fleamarket/regulations.html or available from the office, and which I acknowledge receipt of. I understand and agree that if I violate any of these regulations the Flea Market Operator has the absolute right to immediately terminate my status as an approved vendor, eject me from the premises and refuse to allow me to reenter as a vendor.

The vendor also agrees to hold the Foothill-De Anza Community College District, its governing board, the individual members thereof, and all district officers, agents, and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of school property.

NAME (typed or printed)

TITLE

SIGNATURE

DATE

* Required to access records. We cannot accept application without this information.

Instructions:

Mail in the following items postmarked on or after the first of the month for the following month's DASB Flea Market only to the address at the top of the page (i.e. postmarked on December 1 or later for the January market):

1. This DASB Flea Market Application Form
2. A Check or Money Order payable to "DASB Flea Market" in the appropriate amount
3. A Self-Addressed Stamped Envelope (SASE)
4. Requested Space (optional, see Map)

Please allow two to three weeks for processing.

If you do not receive your confirmation ticket or rejection notice from us by the 25th of the month, prior to the market date, call our office for instructions.