

City College of San Francisco

50 Phelan Avenue, Box E-104, San Francisco, CA 94112

Telephone: (415) 239-3680

www.ccsf.edu/gsale-fleamarket

GARAGE SALE/FLEA MARKET VENDOR APPLICATION FORM

VENDOR INFORMATION – Partners/Additional Sellers, please complete a separate copy of this form

Driver License Number or State ID Number and State: _____

Name: _____

Name of Business: _____

Address (Street, City, Zip): _____

Merchandise to be sold: _____

Day Phone: () _____ - _____ Cell: () _____ - _____ Email: _____

Payment Type: (please check): Check Please Make Checks Payable to: **City College of San Francisco**
 Money Order Cash (Do Not Mail Cash)

STATUS – Please check appropriate boxes (For more information call 846-1644 or email mmarks@ccsf.edu)

- I hold a valid seller's permit. My number is: \$ _____
- 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: For the Garage Sale/Flea Market Operator to allow me entrance and use of a stall, I promise to read, accept and adhere to the CCSF Garage Sale/Flea Market Regulations available online at www.ccsf.edu/saveccsf or available from the office, and which I acknowledge receipt of. I understand and agree that if I violate any of these regulations the Garage Sale/Flea Market Operator has the absolute right to immediately terminate my status as an approved vendor, eject me from the premises and refuse to let me reenter as a vendor. The vendor also agrees to hold the San Francisco 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 |

Instructions:

Please mail in the following items to the CCSF Garage Sale/Flea Market to the address at the top of the page.

1. The CCSF Garage Sale/Flea Market Application Form
2. A Check or Money Order payable to City College of San Francisco in the appropriate amount
3. A Self-Addressed Stamped Envelope

If you do not receive your confirmation prior to market date, call our office for instructions (415) 239-3680.

Donations:

Enclosed in a separate check or money order is \$ _____ payable to the Foundation of City College of San Francisco. I understand the Foundation will provide me with a written receipt for this contribution to help restore classes at City College.