

Today's
Date: _____

University of Pittsburgh William Pitt Union Vending Request Form INFORMATION REQUIRED

1. Company name: _____ Address: _____

City _____ State _____ Zip _____
Phone: _____ Fax: _____ Cell: _____ Email: _____

2. A description of the nature of business and goods or services to be bought, sold, rented or marketed.

3. The name, address, social security number, date of birth, and phone number of all individuals who will be working at the table. Background checks are required. **Cost is \$10.00 each.** Allow three weeks for processing. (Submit more than two on additional sheet.)

Name: _____ Soc. Security Number: _____ Date of Birth: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Phone: _____ E-mail _____

Name: _____ Soc. Security Number: _____ Date of Birth: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Phone: _____ E-mail _____

4. Have you ever plead guilty to or been convicted of a crime? If yes, provide details. (A YES response will not automatically disqualify you as a vendor; relevant facts and circumstances will be considered). Yes _____ No _____

5. If employed, the name, address, phone, fax number, and email of the employer, together with a description of the exact relationship.

Employer name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____

6. Locations are first come first served. Each location includes one six (6) foot vendor table. Daily charge is \$200 per table. You must use University tables. Covers will be provided and are signed out by the vendor at the Information desk. Additional 6 foot tables are available for an additional fee.

7. The dates for which the above location(s) are requested _____

8. The hours of operation anticipated (vending is permitted between the hours of 9:00 AM and 7:00 PM). _____ AM - _____ PM

Evidence of adequate insurance. Vendor shall procure, at its expense, and maintain at all times, the following insurance:

TYPE OF INSURANCE	LIMITS
Workers' Compensation (If Applicable)* Employers' Liability (If Applicable)*	Statutory \$100,000 each accident
General Liability—including but not limited to coverage for participants, premises and for all operations and activities necessary to conduct camps, clinics, and non-owned automobile coverage.	\$500,000 disease policy limit \$100,000 disease each employee \$1,000,000 combined single limit for bodily injury and property damage

**Applicability to be determined by the Office of Risk Management.*

Please attach certificates of insurance as evidence of the above required insurance to this request form.

Vendors further agree that the University of Pittsburgh - Of the Commonwealth of Higher Education will be added as an additional insured to the Commercial General Liability insurance policy required above.

Any questions regarding insurance requirements should be addressed to the Office of Risk Management, University of Pittsburgh, at (412) 624-0621.

VENDING REQUEST PROCESS AND VENDING REQUIREMENTS

A fully completed request form should be submitted to the following address:

William Pitt Union Reservations Office

University of Pittsburgh

3959 Fifth Avenue

M3 William Pitt Union

Pittsburgh, PA 15260

ATTN: Vending Administration

Phone (412) 648-7817 Fax (412) 624-4011

This request will be reviewed within three (3) weeks of receipt. Vendors will be notified of the University's decision and, if approved, will receive written verification of approved locations and dates. This written verification will act as a permit and must be maintained at the vending location at all times.

Vendors will be permitted to use the William Pitt Union driveway for a limited time (**fifteen (15) minutes only**) for loading and unloading of merchandise. Vendors not adhering to this policy will forfeit their vending privileges and all fees.

Signage and displays for advertising purposes are not permitted without prior written approval. All vendors must display prices clearly. If services are being sold, vendors must also clearly display and provide full disclosure of terms and policies.

Vendors must agree to a "no aggressive sales" approach when displaying or selling goods and services.

Cell phone companies (and any other companies designated by the University) must hand out a "How to maintain good credit" brochure with any blank application.

Vendors are not permitted to sell or distribute any food or beverage items without prior written approval.

Violations of these vending requirements will result in termination of vending privileges. The University reserves the right to remove any vendor from University property at its sole discretion.

The daily cost to vendors who sell goods and merchandise will be \$200 per day per table. Payment is due on the first day of vending. Checks should be made payable to the University of Pittsburgh. No cash will be accepted.

IMPORTANT: PLEASE READ AND SIGN BELOW

I understand that filing this application does not obligate the University in any way. I understand that the information contained in this application is confidential and, together with any attachments or supplemental materials, is the property of the University. I certify that the information contained in this application and supplemental materials is complete, truthful and accurate to the best of my knowledge. I certify that I am authorized to vend the goods or services described. I hereby authorize the University of Pittsburgh to conduct a background check, including criminal background check, to investigate any statements I have made.

Name (Print)

Signature

Date