



VENDOR REGISTRATION

Send to: 115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Contact Name: _____

Name of Person /People @ Event: _____

Company: _____

Address: _____ Telephone #: _____

City: _____ Fax #: _____

Zip: _____ Cell Phone #: _____

Federal I.D. # (if applicable): _____ E-mail: _____

Vendor Driver License #: _____

Insurance Carrier (or reason for exemption): _____

Insurance Policy # (or reason for exemption): _____

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge. I also understand that the Village of Webberville and its Constituents will not be held responsible for damages or injury.

Signature of Responsible Party: _____ Date: ____/____/____
has signed this letter in front of a Notary Public whose stamp and signature is also on this letter. (only if not submitted in person.)

Did you remember to include:

- Copy of driver's license
- Copy of Proof of Insurance
- Signature(Contact) on this form (must be notarized if form is not being submitted in person by contractor)

Description of how/ what you are going to participate with (Size of vehicle, # of people, etc.):