



The Office of Auxiliary Enterprises

Short Term Vending Application

COMPLETE AND RETURN 10 DAY PRIOR TO THE SCHEDULED EVENT

Please carefully read and complete this entire form. Your signature on page two of this form indicates that you have read and agree to comply with the terms and conditions presented on this Short Term Vending Application and Indemnification.

Business Name: _____

Vendor Name: _____

Street Address: _____

City: _____ State: _____ zip code: _____ phone _____

Alternate phone _____ email _____

Scheduled vending date(s): _____ Time: _____

Approved vending event and location: _____

Products/Services to be sold, distributed or promoted:

Vending of products or services not listed here shall be deemed to be vending without a permit

Please attach a copy of the following relevant documents:

Business license or a photo ID is attached _____

Additional requirements for food vendors: Valid Certified Food Manager Certificate _____

Valid Certificate of Insurance _____ Mobile Vending Permit (Food Trucks) _____

TERMS AND CONDITIONS

- **Vendor must submit the applicable vending fee by credit/debit card, using the credit card authorization form, or by money order or cashier's check, payable to Howard University. Vending fees are non-refundable and nontransferable**
- **Vendors must comply with the University's exclusive beverage agreement. Only Pepsi products may be sold, distributed or promoted on the University premises**
- **Food Vendors are required to stay updated on the latest District of Columbia health code and fire safety regulations and show documentation of the latest DC Code orientations.**
- **Vendor is responsible for the collection and payment of sales tax to the District of Columbia Office of Finance and Revenue**

- **Vendors selling or distributing consumables or personal care products must have required certification and certificate of insurance.**
- **Use of Howard University's trademarks, including it's name or logos must be approved by the Office of Auxiliary Enterprises. For additional information visit auxiliary.howard.edu.**
- **Vendor must maintain control over its employees and agents, verse employees on proper customer service procedures and provide patrons with efficient and courteous service**
- **Vendor is responsible for removal of their trash, spills and residue**
- **In the case of damage of any kind to University property, as a result of the vendor's use, the vendor shall pay such amount to restore the University property to its condition prior to use by the vendor**
- **This permit is not considered to be a contract**

TERMS AND CONDITIONS ARE SUBJECT TO REVISION

➤ **INDEMNIFICATION**

The vendor hereby releases Howard University and its trustees, officers, employees, students, and agents from any liability for property damage or personal injury to the vendor or its employees, agents, or guests on University property for the purpose of exercising the privileges of this permit. In addition, the vendor agrees to defend, indemnify and hold harmless the University and its trustees, officers, employees, students, and agents from and against any claim, action, liability, or costs, including without limitation attorneys' fees, related to any act or omission of the vendor or its principals, officers, employees, agents, guests, or other persons admitted to the premises by the vendor, related in any way to the vendor's exercising privileges of this permit.

Applicant represents that it is familiar with and will comply with all applicable laws, regulations and rules applicable to activities it will perform under this permit, including without limitation the most current Howard University Short Term Vending Regulations. **Failure to comply with applicable laws, regulations, and rules will subject the applicant to termination of current vending privileges, denial of future vending privileges, and such other liabilities and consequences as may be appropriate under the law and University policy.**

Inquiries should be addressed to Attn: Short-Term Vending, Office of Auxiliary Enterprises, 2244 10th Street. N.W., Suite 219, Washington DC 20059, vending@howard.edu, (202) 806-1160. For additional information visit auxiliary.howard.edu.

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**I, the undersigned vendor/promoter, have read and agreed to the terms and conditions for participation as a vendor on the Howard University premises,**

\_\_\_\_\_  
Authorized Vendor name / Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business/ Print:

\_\_\_\_\_  
Date:

**FOR OFFICIAL USE ONLY  
PERMIT VALIDATION SEAL**

THIS VENDING PERMIT IS VALID THROUGH \_\_\_\_\_

HOWARD UNIVERSITY

Office of Auxiliary Enterprises  
Howard University  
2244 10th Street NW, Suite 219  
Washington, DC 20059  
(202) 806-1160 (O)  
(202) 234-9584 (F)  
auxiliary@howard.edu  
auxiliary.howard.edu



The Office of  
Auxiliary Enterprises

## CREDIT CARD AUTHORIZATION

FOR SHORT-TERM VENDING AND LICENSING TRANSACTIONS

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_  
*(PRINT NAME)*

BUSINESS NAME: \_\_\_\_\_

EVENT NAME/ DATES: \_\_\_\_\_

### EVENT TYPE: PLEASE CHECK ONE

- |                                                |                                         |                                       |
|------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> SHORT-TERM VENDING    | <input type="checkbox"/> ATHLETICS      | <input type="checkbox"/> HOMECOMING   |
| <input type="checkbox"/> TRADEMARK & LICENSING | <input type="checkbox"/> SPECIAL EVENTS | <input type="checkbox"/> COMMENCEMENT |

DETAIL DESCRIPTION: \_\_\_\_\_

TO MAKE PAYMENT BY CREDIT OR DEBIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION AND EMAIL THIS FORM.

CARDHOLDER NAME: : \_\_\_\_\_  
Exactly As It Appears On The Credit/Debit Card - Please Print

- VISA     MASTERCARD     DISCOVER     DEBIT CARD

|                                     |  |                                       |  |
|-------------------------------------|--|---------------------------------------|--|
| CREDIT CARD #:                      |  | <i>(Visa or Mastercard Logo Only)</i> |  |
| SECURITY NUMBER<br>ON BACK OF CARD: |  | EXP. DATE:                            |  |

### METHOD OF PAYMENT:

AMOUNT: \$ \_\_\_\_\_ ADDRESS: \_\_\_\_\_ STREET, CITY, STATE, ZIP CODE

PHONE #: \_\_\_\_\_ ALTERNATIVE #: \_\_\_\_\_

**I authorize Howard University to charge my credit/debit card for services rendered. I agree not to contest this charge upon approval of my credit.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_