

POPUV VENDORS PERMIT APPLICATION



VENDOR INFORMATION

NAME:	PHONE:
MAILING ADDRESS:	EMAIL:
DRIVERS LICENSE NUMBER: EXPIRATION DATE:	TAX ID NUMBER (OR SSN IF SOLE PROPRIETOR):

COMPANY WHOSE PRODUCTS ARE BEING SOLD

COMPANY NAME:	PRODUCT OR SERVICE BEING SOLD:
MAILING ADDRESS:	PHONE:
ARE YOU EMPLOYEED DIRECTLY BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WEBSITE:

DISCLOSURE

HAS THE VENDOR EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE THE FOLLOWING SECTION FOR EACH OFFENSE.		
LOCATION(S)	DATE(S) OF THE OFFENSE(S)	NATURE OF THE OFFENSE	PUNISHMENT OR PENALTY ASSESSED

APPLICATION TYPE

☐ NEW APPLICATION ☐ RENEWAL APPLICATION

ADDITIONAL DOCUMENTATION

PLEASE PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTATION.

- ☐ IF ANY FOODS, VITAMINS, SUPPLEMENTS OR EDIBLE PRODUCTS ARE BEING SOLD, INCLUDE A COPY OF THE OKLAHOMA STATE HEALTH PERMIT.
- ☐ COPY OF THE OKLAHOMA STATE SALES TAX PERMIT OR CHARITABLE EXEMPTION. (WAIVED WITH VERIFICATION BELOW)

VERIFICATION (REQUIRED IF SALES TAX PERMIT IS NOT PROVIDED)

<input type="checkbox"/> GOVERNMENT ISSUED ID MATCHES APPLICANT INFORMATION	NAME OF PERSON VERIFYING ID (PLEASE PRINT)
<input type="checkbox"/> TAX ID NUMBER (OR SSN) PROVIDED FOR SALES TAX PURPOSES	SIGNATURE OF PERSON VERIFYING ID

NOTES

APPLICANT SIGNATURE: _____ DATE: _____