

Phyllis P. Marshall Center
Bull Market Vendor Card

Please Print Clearly

Company Name: _____ Today's Date: _____

Last Name: _____ First Name: _____

Business Local Address: _____

City, State, Zip: _____

Phone: _____

Phone: _____

*Bus. Permanent Address: _____

City, State, Zip: _____

Email: _____

mark only one:

- Non-Student
- USF Student (business owner)
- Non-Profit
- Food (Samples Only. No sales)
- Need Electricity
- Bringing Own Tent

* Permanent Address may not be a P.O. Box

Merchandise Sold/ Type of business: _____

Received by: _____

Florida Sales Tax in file Other _____

Hillsborough Occupational License in file

City of Tampa Occupational License in file

(Bull Mrkt. Employee only)

Indemnification: Vendor agrees to indemnify and hold harmless, assume liability for and defend, the State of Florida, the Florida Board of Education, the University of South Florida, the University of South Florida Board of Trustees and their officers, employees and agents, from and against any and all actions, claims, liabilities, assertions of liability, losses, costs and expenses, which in any manner arise or are alleged to have arisen, from the acts, omissions or wrongful conduct of Licensee or Licensee's officers, employees, agents, guests, patrons, licensees, invitees or contractors in connection with or related to their operations, activities, occupancy or use of the premises. In addition, I have read and signed the Vendor Rules and Regulations sheet.

Signed By: _____

Date: _____

Printed Name: _____