



COLLEGE OF THE CANYONS
 CAMPUS LIFE & STUDENT ENGAGEMENT
 26455 Rockwell Canyon Road
 Santa Clarita, CA 91355
 (661) 362-3143



Permit for Sales/Distribution/Recruiting/Solicitation and Related Activities

Date(s) Requested: _____

Requestor's Name: _____ Driver's License #: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Email: _____

Requestor is Representing: _____
 (Name of Business of Organization)

Business License # or City/County Permit #: _____

Number of Tables/Spaces Requested: _____

Description of Merchandise/Items/Product/Service/Purpose:

Status: Non-Profit @ \$25/day Profit @ \$50/day Financial @ \$100/day Status Verified: _____

HOLD HARMLESS STATEMENT: In consideration of my participation as a vendor and use of facilities at College of the Canyons for commercial sales, I intend to be legally bound for myself, my heirs, representatives, successors and assigns, and hereby hold harmless, release and forever discharge the Santa Clarita Community College District and College of the Canyons its officers, agents, representatives, board members, employees, attorneys, successors and assigns, from and against any and all claims, demands, liabilities, damages, causes of actions, costs or fees, arising out of, or relating to, my participation in commercial sales, including, but not limited to, claims arising out of injuries or accidents sustained by me or any other person or damages to property in connection with my presence on campus.

I have read the permit agreement and understand and agree to all terms and conditions as listed including the hold harmless statement above. I understand that should I violate these terms and conditions I will forfeit all reservations and fees.

Signature: _____ Date: _____

For Office Use Only	
Authorized Date(s): _____	Space/Location Assigned: _____
Fees Paid:	
Total # of days _____ @ \$25 / \$50 / \$100 /day = \$ _____	= Total Received: \$ _____
Authorized Signature: _____	Date: _____
Distribution: White — OSD Yellow — Vendor	