

VENDOR CONTACT INFORMATION AND CHECKLIST

EVENT COORDINATORS: *This is the information to be completed by each vendor attending the event and returned to City of Decatur Revenue at least one week prior to event*

1. VENDOR NAME: _____
2. CONTACT NAME: _____
3. CONTACT PHONE AND ADDRESS: _____

4. EMAIL ADDRESS: _____
5. DECATUR BUSINESS LICENSE NUMBER: _____
(If vendor does not have City of Decatur Business License they will need to obtain one from the Revenue Dept located on the 1st floor at City Hall)
6. MORGAN COUNTY BUSINESS LICENSE NUMBER: _____
7. ARE THE VENDORS AWARE THAT LOUD SPEAKERS AND MUSIC IS NOT ALLOWED?: YES _____ NO _____
8. HAS VENDOR BEEN PROVIDED A SALES TAX FORM TO REMIT SALES TAX?: YES _____ NO _____