



Welcome!
Bienvenidos!

OCEANSIDE SWAP MEET
REGISTRATION FORM

Section I: VENDOR/EXHIBITOR INFORMATION Date _____

Space # or Location Id #: _____

Name: _____ Telephone Number (_____) _____

Address: _____ City: _____ State: _____ Zip _____

Email Address _____ Would you like to receive our e-newsletter? Yes No

Driver License # or State ID #and State _____ Business License #: _____

Type of Business, Description of items to be sold/Displayed _____

Section II STATUS

I hold a valid seller's permit. My number is: **S** _____

No sales of tangible personal property are being made or solicited at this event.

I am not required to hold a seller's permit because:

My retail product sales are not subject to tax I provide a service and do not sell a product

I sell on behalf of a section 6015 retailer _____

Section III CERTIFICATION

The above statements are certified to be correct to the best knowledge of the undersigned.

_____ | _____

NAME | TITLE

_____ | _____

SIGNATURE | DATE