



Vendor Registration

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Contact Name: _____

Name of Person/People @ Event: _____

Company: _____

Address: _____ Telephone: _____

City: _____ Fax#: _____

Zip: _____ Cell: _____

Federal I.D.# (if applicable): _____ E-mail: _____

Vendor Driver License #: _____

Insurance Carrier (or reason for exemption): _____

Insurance Policy # (or reason for exemption): _____

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge. I also understand that the Village of Webberville and its Constituents will not be held responsible for damages or injury.

Signature of Responsible Party: _____ **Date:** _____

has signed this letter in front of a Notary Public whose stamp and signature are also on this letter. (Only if not submitted in person).

Did you remember to include?

- ___ Copy of Driver's License.
- ___ Copy of Proof of Insurance
- ___ Signature (contract) on this form (must be notarized if form is not being submitted in person by contractor).

Description of how/what you are going to participate with (size of vehicle, # of people, etc.):

