OLD WESTERN MARKET LLC.

VENDOR APPLICATION

Business Name(s)

Business Address/Telephone

Owner(s) name(s)/Telephone/Address

Emergency Contact Information

Products Sold

1.0

2.0

3.0

4.0

5.0

6.0

Business Web Site/ Email Address

Michigan State Sales Tax license, ID/EIN/LARA ID Number/Social Security #if sole proprietor

1.0

2.0

3.0

4.0

5.0

6.0

Active Michigan and Detroit License(s)/Permit(s) (Please supply us with the active documents)

1.0

2.0

3.0

4.0

5.0

6.0

Liability Insurance Company (must have 1 million/2million coverage with Old Western Market LLC named as additionally insured.)

Name(s) on policy/policy number

1.0

2.0

Food Trucks/ Vendors selling fresh food: Where is your food prepared

2640 Michigan Avenue, Detroit, MI. 48216 - [oldwesternmarket@aol.com](mailto:oldwesternmarket@aol.com)