



VENDOR APPLICATION



BUSINESS INFORMATION

Business Name	Date Established	Federal Tax I.D. Number
Business Address	City, State, Zip	
Type of Business	Business Phone	Cell Phone
Business Structure (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Gen Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLC <input type="checkbox"/> Corp	Email Address	Fax

PERSONAL INFORMATION

Applicant Name (First Middle Last)	Birth Date	Soc Sec Number	Driver Lic Number
Residence Address	City, State, Zip		
Residence Phone	Rent/Own	How Long?	
Previous Address (if less than one year above)	City, State, Zip		
Co-Applicant Name (First Middle Last)	Birth Date	Soc Sec Number	Driver Lic Number
Residence Address	City, State, Zip		
Residence Phone	Rent/Own	How Long?	
Previous Address (if less than one year above)	City, State, Zip		

BANKING REFERENCES

Bank Name	Checking Account Number	Year Established
Bank Address	City, State, Zip	
Bank Name	Checking Account Number	Year Established
Bank Address	City, State, Zip	

BUSINESS REFERENCES

Business Name	Contact	Phone Number
Address	City, State, Zip	
Business Name	Contact	Phone Number
Address	City, State, Zip	
Business Name	Contact	Phone Number
Address	City, State, Zip	

PERSONAL REFERENCES (APPLICANT)

Name	Relationship	Phone Number
Address	City, State, Zip	
Name	Relationship	Phone Number
Address	City, State, Zip	
Name	Relationship	Phone Number
Address	City, State, Zip	

PERSONAL REFERENCES (CO-APPLICANT)

Name	Relationship	Phone Number
Address	City, State, Zip	
Name	Relationship	Phone Number
Address	City, State, Zip	
Name	Relationship	Phone Number
Address	City, State, Zip	

APPLICANT

Do you have any court judgements?	YES	NO
Have you ever filed bankruptcy?	YES	NO
Do you have any criminal convictions?	YES	NO

In compliance with the Fair Credit Reporting Act, this informs you that a credit investigation involving statements made on this application will be initiated.

I certify, to the best of my knowledge, that all statements are true and complete.

I further authorize Main Street Oceanside, Inc. to obtain credit reports, character reports, and verify my rental history as necessary to verify all information in this application.

Applicant Signature

Date

CO-APPLICANT

Do you have any court judgements?	YES	NO
Have you ever filed bankruptcy?	YES	NO
Do you have any criminal convictions?	YES	NO

In compliance with the Fair Credit Reporting Act, this informs you that a credit investigation involving statements made on this application will be initiated.

I certify, to the best of my knowledge, that all statements are true and complete.

I further authorize Main Street Oceanside, Inc. to obtain credit reports, character reports, and verify my rental history as necessary to verify all information in this application.

Co-Applicant Signature

Date



MainStreet Oceanside
 701 Mission Avenue
 Oceanside, California 92054
 760-754-4512
 Fax 760-754-4547
www.OceansideBeachServices.com



Please answer each of the following questions. Complete and accurate answers will assist us in the evaluation of your application. Attach additional sheets as necessary.

1) What type of concession are you applying for (permanent, semi-permanent, or traveling/mobile)?

2) What is the best way to reach you? Please provide all additional relevant phone, fax, address and email information that has not been previously provided.

3) How many years of experience do you have in business? Describe.

4) How many years of experience do you have managing a business of the type proposed in this application? Describe.

5) What type of ownership entity is the proposed business (sole proprietorship, partnership, LP, LLC, corporation)? Fully describe. Attach a complete list of all partners with contact information.

6) How many businesses do you currently operate? Provide a description with locations and photos.

7) What businesses have you owned that are no longer operating? Reasons?

8) Will your business be operated as part of a franchise? If yes, what per cent of your sales will be paid to the franchisor? What type of business support is provided by the franchisor?

9) Describe your proposed operation in detail on a separate attachment.

10) Do you have a business plan specific to this location? If yes, please attach a copy.

11) Who will staff your operation?

12) In a separate attachment, describe your operating equipment or structure. Provide photos or drawings. Will you need any utilities?

13) Describe how your business will cross-market with the existing downtown businesses?

14) What is the estimated annual gross sales that a concession of your type would generate at the Oceanside location?

15) Is there anything additional that you wish to be considered with this application? Attach additional sheets as necessary.