## **Event Vendor List**

Please list all vendors participating in the event and whether or not they have a current City of Richland business license.

Attach additional pages, if needed.

Event Name: Total Number of Vendors to be at Event:

<u>Vendor</u> <u>Count</u>	<u>Vendor Name</u>	Vendor Business Activities	Vendor Street Address	Vendor Address City, State, Zip	Contact Name	Contact Phone Number	Contact Email	<u>UBI</u>	Non- Profit? Y/N
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<u>Vendor</u> <u>Count</u>	<u>Vendor Name</u>	Vendor Business Activities	Vendor Street Address	Vendor Address City, State, Zip	<u>Contact Name</u>	Contact Phone Number	<u>Contact Email</u>	<u>UBI</u>	Non- Profit? Y/N
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Vendor Count	<u>Vendor Name</u>	Vendor Business Activities	Vendor Street Address	Vendor Address City, State, Zip	<u>Contact Name</u>	Contact Phone Number	<u>Contact Email</u>	<u>UBI</u>	Non- Profit? Y/N
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<u>Vendor</u> <u>Count</u>	<u>Vendor Name</u>	Vendor Business Activities	Vendor Street Address	Vendor Address City, State, Zip	<u>Contact Name</u>	Contact Phone Number	<u>Contact Email</u>	<u>UBI</u>	Non- Profit? Y/N
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<u>Vendor</u> <u>Count</u>	<u>Vendor Name</u>	Vendor Business Activities	Vendor Street Address	Vendor Address City, State, Zip	<u>Contact Name</u>	Contact Phone Number	<u>Contact Email</u>	<u>UBI</u>	Non- Profit? Y/N
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<u>Vendor</u> <u>Count</u>	<u>Vendor Name</u>	<u>Vendor Business Activities</u>	Vendor Street Address	Vendor Address City, State, Zip	<u>Contact Name</u>	Contact Phone Number	Contact Email	<u>UBI</u>	Non- Profit? Y/N
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