

The Charleston City Market
188 Meeting Street, Shop 1A
Charleston, SC 29401
843.937.0920

VENDORS APPLICATION/INFORMATION SHEET NAME:

_____ **PHONE NO:** _____ **CELL.**

PHONE _____ **PAGER** _____ **FAX** _____

ADDRESS: _____
STREET CITY STATE ZIP BUSINESS

NAME: _____

(1) SOLE POPERIETORSHIP (2) PARTNERSHIP (3) LLC (4) CORPORATION NAME OF

BUSINESS OWNER: _____ **CITY BUS.**

LIC. NO: _____ **SC SALES TAX NO.** _____ **FED ID.**

NO: _____ **SS NO.** _____ **SC DRIVE LIC.** _____

1. **ARE YOU DAILY** _____ **TEMPORARY** _____

2. **WHAT DO YOU SELL?** _____

3. **ARE YOU A MEMBER OF THE CMBA OR MAMA?** _____, _____

4. **IN CASE OF EMERGENCY NOTIFY:** _____

ADDRESS _____ **PHONE NO:** _____

5. **ATTACH PHOTO COPIES OF: SC. DRIVER'S LICENSE/CITY BUSINESS LICENSE AND S.C. RETAIL LICENSE.**

SIGNATURE

DATE

THIS APPLICATION FOR VENDORS SPACE IN THE CITY MARKET BUILDING "C" IS SUBJECT TO CANCELLATION IF ANY MISREPRESENTATIONS HAVE BEEN MADE.