



**\*THIS FORM MUST BE APPROVED AND SIGNED BY A STAFF OR FACULTY MEMBER WHO IS AUTHORIZED TO ACT AS AN AGENT OF THE UNIVERSITY\***

**AUTHORIZATION FOR VENDOR TO OPERATE ON CAMPUS**  
(Please Print)

Date \_\_\_\_\_

Host Department/Organization's name \_\_\_\_\_

Contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Vendor's name \_\_\_\_\_

Vendor's phone number \_\_\_\_\_

Service(s) provided by the vendor \_\_\_\_\_

Date(s) of the activity \_\_\_\_\_ Time(s) \_\_\_\_\_

Location \_\_\_\_\_

This form shall serve as documentation that the above named Vendor is authorized to operate on Princeton University property for the indicated date(s) and time(s).

If there are any questions please contact the designated contact for the host Department/Organization at the above listed telephone number.

Approval signature \_\_\_\_\_ Phone number \_\_\_\_\_

**THE ORIGINAL COPY OF THIS FORM, ONCE COMPLETED, WILL NEED TO BE PROVIDED TO THE VENDOR SO THAT IT CAN BE SUBMITTED WITH THE FIRE SAFETY PERMIT APPLICATION.**