



Merchant Space Application
2014

Email completed form to info@rastroreno.com or Fax to 775-201-3002

Indicate which date/dates you are applying for: _____

Merchants Name (s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Business Name (DBA) _____

City of Reno Business License # _____ (we can provide 1 day Reno business license for \$15)

Person to be contacted in Emergency _____

Relationship _____ Phone _____

How many spaces are you applying for: Single _____ Double _____ Triple _____

Enter space number if particular space desired (no guarantee): _____

Vehicle Make _____ Model _____ Year _____ License# _____

Drivers License # _____

I have read and abide by the Rules and Regulations of Rastro Reno and further understand that violation of these rules could result in loss of selling space.

Signature of Applicant/Merchant DATE _____

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The acceptance of this application by Rastro Reno is not a guarantee of a space or specific location. Upon acceptance the total fee will be due 15 days prior to the event. Any payment received after that date will be subject to a \$25 late fee and/or your space being withdrawn and re-assigned to another Merchant.

Card Type _____ Card Number _____ Name on Card _____ Exp Date _____ CVV _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY. RASTRO RENO 2014

Date/Dates _____ Space # _____ Amount Due _____

Date Due _____ RastroReno Management Sign-Off _____

Comments/Notes: