

The Centerpiece Marketplace Registration



Date:
 Please Bring Money Orders or Check / **Out of Town- Mail In and Send E-mail**

Bill To
Name
Address:
State/Province:
Zip/Postal Code:
Phone:
E-Mail Address:
Contact Name:

Creating Opportunity For Any Individuals To Be In Business For Themselves

LOCAL VENDORS
 To be turned in in person
 1. **Agreement check off**
 2. **Hold harmless Form**
 Form will be e-mail to you_ **or** you may download from Web site and Fax.
 If Faxed must send photo Id

The Centerpiece Marketplace
 Centerpiece-Presentations
 6007 Financial Plaza Suite 714
 Shreveport, LA. 71129
 Phone: 318-603-1222
 Fax: 318-734-3342
 Http://TheCenterpieceMarketplace.com

Mail Address
Centerpiece-Presentations.
P.O. Box 17885
Shreveport, LA. 71138

"All" (Marketplace permits) issued at office the office

- Easy As 1-2-3**
1. Registration Form
 2. Agreement "check off" form, (Sign)
 3. (Sign) Hold Harmless Indemnity form
 Marketplace permit is issued
 "You are then In business for Yourself"

Vendor Info

Electricity/Water
Attendant Name
Product Type
Vendor License
Food License
Soft Beverages

Out of Town Vendors
 Submit via Fax or Mail permit issued
 Day of Event (advance payment)

Insurance ID
 Name of Insurance Co

10% discount off on Two Day Rental Applies if purchased **at time of Rental Only**

Number Of Days	Description	Quantity	Unit Price	Amount
	Single Stall = 1 Park	Enter units	Enter	
	Double Stall attached = 2 Parking space	Enter units	Enter	
	Hot Food Vendors and Prepared Food Stuff -	Enter units	Enter	
	Packaged Snack & Soft drink Vendor	Enter units	Enter	
	Vendor Tables \$25 ea (select area)	Enter units	Enter	
	Motorcycles 2 per stall - \$45	Enter units	Enter	
	Auto Dealers -	Enter units	Enter	
	Recreational Vehicle - \$65 ea	Enter units	Enter 65/85	

Special Service **Request** **Suggestion**

One Time (First Time Only) Registration Fee \$10.

Sub-total	
Space Fee	

Prices Subject to change without notice

Authorized By:



The Centerpiece Marketplace Registration

CP Market Certificate

Location #	Description	Insert Quantity	Unit Price	Amount
	3 Month Vendor Permit	Enter units	Enter	
	1 Month Vendor Permit	Enter units	Enter	
	1 Day - Vendor Permit	Enter units	Enter	
	3 month F&B Permit	Enter units	Enter	
	1 Month F&B Permit	Enter units	Enter	
	1 Day F& B Permit	Enter units	Enter	
	Youth organization Vendor Permit	Enter units	Enter	
		Enter units	Enter	

Special Service
 Request
 Suggestion

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Sub-total	
Certificate Amount	

Date

Insert above totals into boxes below - for "final total"

Itemized list	Description	INSERT "1"	Insert Amount	Amount
	Space Fee	Blank	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	

Special Service
 Request
 Suggestion

Sub-total	
Total Debit / Credit	

Prices Subject to change without notice

Authorized By:

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