



University of Missouri - Kansas City
Student Life Office
Registration Document

PERMIT TO SELL

Sponsoring Organization: _____

Representative's Information:

Name: _____ Phone: (____) ____ - _____

Address: _____

Representative's Signature: _____ Date: ____ / ____ / ____

Sale/Event Information:

Date(s): _____ Time(s): _____

Location(s): _____

Facilities/Areas & Equipment form(s) have been approved: YES _____ NO _____

Purpose for sale: _____

Items to be sold (describe in detail): _____

I understand that this form, if approved, is valid only for the dates, times, locations and merchandise to be sold as indicated above. I certify that the sales table/booth will be staffed at all times by a member of the sponsoring organization who is a currently enrolled student at the University of Missouri - Kansas City.

Approvals/Authorizations:

NOTE: APPROVAL SIGNATURES MUST BE OBTAINED IN THE SAME ORDER THEY APPEAR!

Director of Student Life (UC-G6): _____ Date: ____ / ____ / ____

Vice Chancellor for Administrative Affairs (AC-333): _____ Date: ____ / ____ / ____

Additional approval if necessary: _____ Date: ____ / ____ / ____

Comments from approving parties: _____
