Sponsored Commercial Activity Request Form  
College of Charleston- Office of Student Life  

CONTACT INFORMATION  
Sponsoring Department/Student Organization/Company Name ____________________________________________________________
Contact Person __________________________________ Advisor Name (Student Organizations Only) __________________________
Mailing Address __________________________________ City __________________ State ________ Zip ________________  
E-mail Address __________________________________ Phone __________________ Fax __________________  

EVENT INFORMATION  
Please check the box next to each item that applies to your event.  
_______ Sale of Items at a Table  
_______ Sale of Food/Beverage  
_______ Sale of Items bearing the College of Charleston logo  
_______ Other (please explain) ________________________________________________________________

Detailed Description of Event  
*Please describe ALL items to be sold. You may attach additional information on items to be sold to the request form.

______________________________________________________________________________________________________________________________________

FACILITY REQUEST  
_______ Stern Center Lobby  
_______ Lightsey Center Lobby  
_______ Lightsey Center Courtyard  
_______ Cougar Mall  
_______ Physicians Promenade  
_______ George Street*  
_______ Stern Center Ballroom**  
_______ Stern Center Garden**  
_______ Stern Center Theater**  
_______ Stern Center Meeting Room**  
_______ Stern Center Conference Room**  

*Please complete a George Street Closure Request form available in the Office of Student Life.  
**Please complete a Facility Reservation Request form available in the Office of Student Life.  

CONTACT PERSON SIGNATURE  
I have read and understand the Sponsored Commercial Activity Request Form Guidelines and the Commercial Vendor Agreement and agree to comply with these guidelines.  
Signature __________________________________ Date: ________________________________  

OFFICE USE ONLY  
Location of Event: ________________________________________________________________  
Fee Amount Paid: ___________________________ Receipt Number: ________ Date: ________________  
Director of Student Life (or designee) Signature: __________________________________ Date: ________________________________  
Catering Services Signature (if food/beverage sold): ___________________________ Date: ___________________________
This agreement for vendor sales on College of Charleston campus is made this _____ day of _____________, 20__, between College of Charleston and _______________________________ (herein referred to as Vendor). During the dates of _______________________________ College of Charleston Student Affairs will provide space for this vendor under the following guidelines:

1) Vendor complies with all College of Charleston Sponsored Commercial Activity guidelines and all applicable city, state, and/or federal requirements.

2) Vendor confirms that he/she has the legal right to sell the merchandise and that the merchandise may be legally sold in the state of South Carolina.

3) Vendor provides copy of its retail business license, a Federal ID number, and must furnish verifiable personal and company or organization identification.

4) College of Charleston reserves the right to require a certificate of $1 million general liability insurance, and names College of Charleston as additional insured unless specifically waived.

5) Vendor shall defend, indemnify and hold harmless College of Charleston, its officers, employees, and agents from and against any losses and expenses, claims, suits, or other liability including product liability resulting from injury to any person or damage to property arising out of or in any way connected with the Vendor’s exercise of this Agreement, provided such injuries to persons or damage to property are due to the acts or omissions of vendor, its officers, employees or agents, or the products manufactured or sold by them.

6) Vendor in the capacity of a seller is not acting as an employee or agent of College of Charleston and shall make no representations which may indicate an endorsement or guarantee by College of Charleston of merchandise sold.

7) Upon approval, Vendor shall be issued a Commercial Activity Permit that specifies the date and location for the sale of merchandise, and which must be posted at the vending site during all times the vendor is on campus.

8) Vendor must prominently display at all times their policy regarding returns, refunds, and/or exchange of merchandise.

9) If Vendor violates the Commercial Vendor Agreement, or any law applicable to Vendor’s activities at College of Charleston, this Agreement shall be terminated and the Commercial Activity Permit revoked.

10) This Agreement shall automatically terminate on the end dated listed above.

11) Parking is not provided by the College of Charleston and is the responsibility of the Vendor.

Vendor

Printed Name______________________________

Signature______________________________

Date______________________________

College of Charleston

Printed Name______________________________

Signature______________________________

Date______________________________