

San Francisco, California



# Golden Gate Kennel Club

## COMMERCIAL VENDOR APPLICATION

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Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

10x10 {    }    10x15 {    }    10x20 {    }    10x25 {    }    10x30 {    }

California State Board of Equalization number: \_\_\_\_\_

A brief description of your products: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All applications are subject to review by event committee

[www.GoldenGateKC.com](http://www.GoldenGateKC.com)

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