



# Fraternal Order of Police

District of Columbia Lodge #1  
Washington, D.C.

## May 13, 14, 15, 2010 Vendor Application

Your Name	
Company Name	
Address	
City State Zip Code	
Name, Cell Number	
Email Address	
Web Page	
FOP Member (yes or no) If Yes, Where?	Lodge Number Card Number
Police Officer (yes or no, active or retired) If Yes, Where?	
Brief Description of Products being Displayed or Sold:	

**Spaces being offered this year:**

- 1 Space 10x10 \$300
- 2 Spaces 10x20 \$600
- Reserved *parking* for trailer in adjacent parking lot \$100 no movement allowed once parked

How many vendor spaces? 1 or 2

Parking yes or no

Total fee included with this application \$ \_\_\_\_\_

**Please Mail your Application and Fee to  
DC LODGE C/O Vendors for Police Week  
Mirella Arroyo  
711 4th Street, NW Washington, DC 20001**

FOR OFFICE USE ONLY		
Date Received:	Received By:	Action:



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## May 13, 14, 15, 2010 Rules for Vendors

I, \_\_\_\_\_, the undersigned, **agree** to the terms as stated below in order to sell merchandise, May13, May 14, and May 15, 2010 during the Police Week Activities sponsored by the DC Lodge #1.

1. Will sell no item that is prohibited under copyright law.
2. Will provide their own **10X10 white tent**, and their own tables and chairs for their space.
3. Will agree not to share or combine vendor space.
4. Will be set up prior to the beginning of the function.
5. Will ensure that the assigned space is kept clean and neat and trash removed from area.
6. Will ensure the staff that works at the space will NOT consume any alcoholic beverages.
7. Will not sell food or beverage.
8. Will not sell offensive material.
9. Will understand that the FOP has the right to move said space to a different location with  
in the assigned vendors' areas.
10. Your company name will be given to the DC Department of Auditing for tax purposes.

**This year's sight is located in the rear of 200 K ST. NW or it can be also located from 2<sup>nd</sup> and H St. NW.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_

Signature from FOP DC #1 \_\_\_\_\_ Date \_\_\_\_\_

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