



APPLICATION FOR CERTIFIED VENDOR'S LICENSE

National Coalition of 100 Black Women, Inc.
1925 Adam C. Powell Jr. Blvd., Ste. 1L, New York, NY 10025
Office 212-222-5660 Fax 212-222-5675

Company Name: _____

Applicant Name and Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): Day _____ - _____ - _____ Evening: _____ - _____ - _____

This company is primarily: Business Concession Manufacturer/Wholesaler Retail Store
 Mail Order • Sole Proprietor Partnership Corporation

Type of Certification: _____ New Application _____ Renewal Application

Are you, or a key member of your company a member of the Coalition ___Yes ___No

If yes, please provide the full name of the member and chapter in which she is a member.

Applicant request a nonexclusive **LICENSE** to manufacture, design, make, copy, sell, display or distribute paraphernalia relating to the **NCBW**, or containing the Candace or any trade name or trademark of the **NCBW**, and the exact description of the nature of such paraphernalia and the manner of such manufacture sale and distribution is described as follows:

Check The Items You Wish to Sell (use a separate sheet of paper, if necessary):

- Accessories (Ladies)
- African Artifacts
- Apparel (Children/Infants)
- Apparel (Ladies)
- Apparel (Men)
- Art/Prints/Posters
- Auto Accessories
- Bad Banners/Flags
- Badges/Buttons
- Bath Accessories
- Bath Apparel
- Beachwear/Playwear
- Books/Literature
- Candy/Cookies
- Ceramics/Cups/Mugs
- Crafts/Quilted Crafts
- Desk/Office Accessories
- Decals
- Dolls
- Garment Bags
- Glassware
- Hats/Caps
- Hosiery/Socks
- Jackets
- Jewelry
- Khaki/Safari Shirts
- Lamps
- Leather Goods
- License Plates/Frames
- Linen/Bedding
- Luggage/Purses
- Mirrors/Accessories
- Monograms
- Paddles
- Pens/Pencils
- Photos/Pictures/Posters
- Sculptures
- Shirts/T-Shirts
- Shoes
- Sportswear Sweatshirts
- Sweaters
- Tote Bags
- Travel Bags
- Umbrellas
- Other

FOR RENEWALS ONLY

Please List the Item(s) You No Longer Wish to Sell.

What methods do you use to market your merchandise?

(Attach an additional sheet if more space is needed. It is very important that all details or proposed activity by Applicant be disclosed.) This will be reviewed very carefully and shall impact upon licensure decision.

FOR OFFICE USE ONLY

Date Rec'd _____

Approved: ___ YES ___ NO

Amount Rec'd \$ _____

Payment Method: _____

License No. _____

Date Issued: _____

Expiration Date: _____

Verified by: _____

Title: _____

Print Name

Signature: _____

Reason application denied: