



**DIRECTORATE OF FAMILY AND MORALE,
WELFARE AND RECREATION
FORT IRWIN, CA 92310**

**APPLICATION FOR COMMERCIAL SOLICITATION PERMIT
PLEASE PRINT ALL INFORMATION**

NAME: _____
Last, First, MI

HOME ADDRESS: _____

CITY: _____ STATE & ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____
(EMAILS WILL BE SENT OUT FOR VENDOR FAIR INFORMATION **ONLY**)

NAME OF COMPANY REPRESENTED (if applicable) _____

YOUR BUSINESS NAME: _____

BE SPECIFIC-PLEASE LIST ALL COMMODITIES OR SERVICES OFFERED FOR SALE:

I HEREBY AUTHORIZE DFMWR TO RELEASE THE COMMERCIAL SOLICITATION LIST (TO
INCLUDE MY PHONE NUMBER)

Signature of Applicant

Date Signed

For Official Use Only:

HOUSING APPROVE/DENY	_____ Name	_____ Signature	_____ Date
RCI APPROVE/DENY	_____ Name	_____ Signature	_____ Date
AAFES APPROVE/DENY	_____ Name	_____ Signature	_____ Date
DeCA APPROVE/DENY	_____ Name	_____ Signature	_____ Date
MWR APPROVE/DENY	_____ Name	_____ Signature	_____ Date