



Santee Lakes Recreation Preserve
9310 Fanita Parkway Santee, CA 92071

619.596.3141 office
www.santeelakes.com

Premium Vendor \$325.00

Preferred Vendor \$125.00

APPROVED VENDOR APPLICATION 2022

Business Name _____

Business Location _____
(Not P.O. Box) Street Address _____
City _____ State _____ Zip _____

Customer Contact Telephone () _____ Secondary Contact () _____

Email Address _____

Complete Description of Business/Services Offered: _____

Santee Business License #: _____ Expiration Date: _____
State License #: _____ Expiration Date: _____
Federal Tax ID #: _____ State Tax ID #: _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS – Use additional sheets as necessary

Owner Name _____ Title _____ Phone () _____
Address _____ Cell Phone () _____
Street _____
City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone () _____
Address _____ Cell Phone () _____
Street _____
City _____ State _____ Zip _____

REFERENCES (1 professional reference)

Name _____ Home Phone () _____ Bus. Phone () _____

Submitting this application does not guarantee District approval. Applications will be reviewed by the District and the vendor will receive notification of approval or rejection within 10 business days of the District's receipt of this application. Applications that are incomplete or are not properly filled out will be rejected. If approved, the Vendor Permit is effective on the date of issuance and is valid for duration of the calendar year (through December 31st). There is no automatic renewal at the end of the calendar year. Vendors must apply each year if they wish to remain on the Vendor List. Applicant must provide a list of at least 1 references. Applicant must provide a high level of customer service. Applicant must have a reputation for professional business practices. Applicant must have a valid City of Santee Business License. Applicant must provide proof of liability insurance in the amount of \$1,000,000/\$2,000,000 naming Padre Dam Municipal Water District as additional insured (copy of insurance certificate must be on file for the duration of the permit period).

The above information is true and accurate to the best of my knowledge. If it is found to be untrue, I acknowledge that Santee Lakes Recreation Preserve will deny my application.

Signature _____

Date _____