



Preferred Vendor Application

Please return the following with completed application:

- **Proof of Insurance**

Naming the City of Bartlett, its elected officials, appointees, employees, and members of boards, agencies or commissions are named as Additional Insured.

- **Website URL, Social Media Handles, JPEG Image of Company Logo**

COMPANY NAME: _____

COMPANY REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

SOCIAL MEDIA HANDLES: _____

EMAIL APPLICATION, COPY OF COI, & JEPG OF COMPANY LOGO TO:
venuerentals@cityofbartlett.org