



If yes, please provide all vendor companies, contact information and phone numbers on the attached vendor sheet.\*)

(\* Please refer to the Arboretum's approved vendors list and submit a USNA Vendor Contact List

13. Will permission be requested to serve alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY			
Recommended Approval	Yes ___ No ___	Reason _____	Date _____
Signature _____		Title _____	Date _____
Department/Agency _____			
Signature _____		Title _____	Date _____

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0518-0024. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

U.S. NATIONAL ARBORETUM

REQUEST for USE of ARBORETUM FACILITIES  
APPLICATION and AGREEMENT  
VENDOR CONTACT LIST

**PLEASE NOTE: All organizations and individuals holding events on the grounds of the U.S. National Arboretum are required to use vendors that are approved by the U.S. National Arboretum. A list of approved vendors is attached for your reference.**

**The vendor contact list must be completed and submitted to the Special Events office no less than 14 calendar days prior to the event date. Failure to provide this information may result in the cancellation of the event and forfeiture of the event deposit.**

1. Organization: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_

4. Organization Representative: \_\_\_\_\_

5. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax  
\_\_\_\_\_

**Vendor Contact Information**

**1. Caterer** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery:** \_\_\_\_\_

**2. Tent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery/set-up:** \_\_\_\_\_

**Date and time tent will be disassembled and removed:** \_\_\_\_\_

**3. Tables/ chairs:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery/set-up:** \_\_\_\_\_

**Date and time tables and chairs will be removed:** \_\_\_\_\_

**Vendor Contact Information**  
**Page Two**

**4. Audio-Visual:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery:** \_\_\_\_\_

**5. Portable toilets:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery/set-up:** \_\_\_\_\_

**Date and time portable toilets will be removed:** \_\_\_\_\_

**6. Lighting:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery/set-up:** \_\_\_\_\_

**Date and time equipment will be removed:** \_\_\_\_\_

**7. Additional Vendors:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**Date and time of delivery/set-up:** \_\_\_\_\_

**Date and time equipment will be removed:** \_\_\_\_\_

U.S. Department of Agriculture, Agricultural Research Service

# U.S. National Arboretum

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[www.usna.usda.gov](http://www.usna.usda.gov)