



Marin Villages Service Provider Application

Today's Date: _____

Name of Business: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell/Fax: _____

Website: _____ Email: _____

Number of years in business: _____ Number of employees: _____

Geographic area served: _____

List services/products provided: _____

Is there a discount for Marin Villages' members (describe): _____

Bonded? Yes No **Insured?** Yes No **Licensed?** Yes No
Please include copies of relevant documents

Also, please include three (3) references:

Name	Relationship	Phone/Email

Please submit to:

Mail to: Marin Villages 4340 Redwood Highway, Suite F-142, San Rafael, CA 94903
Phone: 415-457-4633 *Email:* info@marinvillages.org