



New Bern Parks & Recreation Form
Vendor Application Form
1620 National Avenue
New Bern, NC 28562
252 639-2901

Date: _____

NAME of Owner/Corporation/LLC: _____

Address: _____

CITY: _____ State: _____ ZIP CODE: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____ E-MAIL : _____

Type of vending Services: _____
(Explain good(s) being sold in detail)

Operations:

Location of Operation: _____

Days of Week requested: _____

Time of Operation: _____

For office use only

- | | | | |
|--|----------|---------|----------|
| <input type="radio"/> <u>City of New Bern Privilege License</u> | ____ Yes | ____ No | ____ N/A |
| <input type="radio"/> <u>Craven County Food Vending Permit</u> | ____ Yes | ____ No | ____ N/A |
| <input type="radio"/> <u>List of product sold</u> | ____ Yes | ____ No | ____ N/A |
| <input type="radio"/> <u>Valid Insurance Policy</u> | ____ Yes | ____ No | ____ N/A |
| <input type="radio"/> <u>Vending Services Agreement</u> | ____ Yes | ____ No | ____ N/A |

A completion of this application does not guarantee approval of services requested.