



NEW BERN PARKS & RECREATION DEPARTMENT  
Vendor Application Form

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: \_\_\_\_\_

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**For office use only**

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

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