

# Chow Camp – Food Truck Vendor Questionnaire

Fill this form on your device and save. Email the completed PDF to [info@ChowCamp.com](mailto:info@ChowCamp.com)

## Business Information

Vendor / Business Name:

Contact Person:

Phone Number:

Email:

Website URL:

Facebook Page URL:

Instagram Page URL:

## Scheduling

Dates you will be at Chow Camp?

Hours:

Full Day (7:00 AM – 9:00 PM)

Half Day (4:00 PM – 9:00 PM)

Special Event?

Y

N

## Truck / Trailer Information

Size of truck or trailer (L x W):

Serving window side:

Driver side

Passenger side

## Power Requirements

Electrical needs:

120v

240v

Other (specify below)

If 'Other', explain:

## Menu

Can you provide a digital image of your menu? Yes No

*If yes, please attach when you email the completed form, or send to [info@ChowCamp.com](mailto:info@ChowCamp.com)*

## Permits & Licensing

Hunt County Health Dept. Permit:

Yes

No

City of West Tawakoni Permit:

Yes

No

State of Texas Sales & Use Permit:

Yes

No

## Insurance

Insurance carrier:

Policy expiration date:

Liability limits (\$):

## Acknowledgment (Optional)

Name of person completing this form

Date:

*Note: Checking multiple boxes is allowed; if a choice should be exclusive (e.g., Y/N), select only one. For questions, contact [info@ChowCamp.com](mailto:info@ChowCamp.com).*