



Chuckwagon Park

Vendor Application

Vendor Information

Company Name: _____ Date: _____

Contact Name: _____

Business Address: _____
ZIP Code

Phone: _____ Email: _____

City of Dallas Permit No: _____ Vehicle Dimensions: _____ Available Start Date: _____

Available Days/Times: _____

Does your truck have insurance? YES NO

Attachments

Please attach the following:

1. Copy of your City of Dallas Health/Food permit.
2. Copy of your Certificate of Insurance.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to becoming a vendor, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____