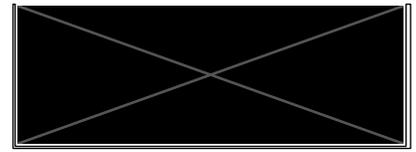


# NON Food Product Vendors

City of New Bern  
Public Assembly Vendor Permit Application



Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

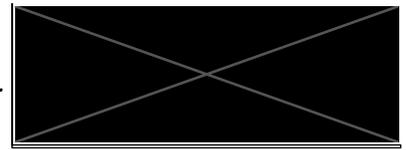
Event you are setting up for: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

### Please check one of the following:

- I am applying for a General Vendor Permit
- I am applying for a Food Vendor Permit (*Note: Food is considered any consumable item*).



### Please describe your set-up (food truck, tent, trailer, etc.. with dimensions):

\_\_\_\_\_  
\_\_\_\_\_

### What are you selling (be specific):

\_\_\_\_\_  
\_\_\_\_\_

Are you requesting Electricity?  Yes  No (*Additional fees may apply, if approved*)

### How will you handle trash generated from your activity?

We are requesting # \_\_\_\_\_ trash cans.

- We will provide our own bags & dispose of any trash generated ourselves.
- We request that City Staff dispose of all trash generated. We understand additional fees will be charged for this service, including the cost of labor, and materials (bags, etc.) used.

### If selling food, please include the following:

- Menu with pricing
- Craven County Health Department Approval Documentation
- Certificate of Insurance (*Listing City of New Bern, 300 Pollock Street, New Bern, NC 28563*) as additional insured

| Vendor Fee (Per event date) |                |               |
|-----------------------------|----------------|---------------|
| Vendor Fees                 | City Sponsored | Non-Sponsored |
| Vendor                      | \$25           | \$35          |
| Food                        | \$35           | \$45          |

*This application must be submitted with full details and attachments. I understand that additional fees and charges may be incurred. Those charges include set-up tear down time for staff, rental of barricades, Public Safety, Trash collection, damages, etc. I further understand that failure to provide the requested information within the specified timelines shall result in application being denied. I agree to indemnify and hold harmless the City of New Bern, its departments, agents, employees, officials and volunteers for any injury, illness or damage to person or property during this activity. Any social distancing guidelines or Executive Orders in place at the time of the event must be adhered to.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Vendor Type:  General  Food

Vendor Fees Due: \_\_\_\_\_

Approved by: \_\_\_\_\_

Other Fees Due: \_\_\_\_\_

*Director of Parks and Recreation*

Total Fees Due: \_\_\_\_\_