

City of New Bern
Public Assembly Vendor Permit Application

Please return form to New Bern
Parks & Recreation
1307 Country Club Road, New Bern,
NC 28562

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*).

**Have a question? Contact
New Bern Parks and
Recreation at 252-639-2901**

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: <input type="checkbox"/> General <input type="checkbox"/> Food	Vendor Fees Due: _____
Approved by: _____	Other Fees Due: _____
<i>Director of Parks and Recreation</i>	Total Fees Due: _____