



Henderson County Parks & Recreation Department
 708 SOUTH GROVE ST, HENDERSONVILLE, NC 28792
 Phone: 828-697-4884 • Fax: 828-697-5599 •
www.hendersoncountync.org/recreation/vending

Mobile Food Vending Application – Jackson Park

BUSINESS INFORMATION

Name of Company:

Address:

City: State: ZIP Code:

Phone: E-mail:

Business Website: TIN / SSN:

Business Facebook (or other):

OWNER INFORMATION

Name: Phone: Alt Phone:

Name: Phone: Alt Phone:

Requested Dates (attached additional pages for more detailed schedule)

Weekend Dates (Sat and Sun):	Time:
Weekday Dates (Monday through Friday):	Time:

REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION

Henderson County Health Department Permit

http://www.hendersoncountync.org/health/web_pages/environmental_health/environmental_health.html

Multiple photographs of interior and exterior of mobile vending unit; include dimensions of unit

Proposed menu with prices for each item

Type of packaging that will be used to serve food in

At least 3 strong references: provide name, relation, phone number and email

*If selected, you will have two weeks to submit a valid certificate of insurance for a one-million dollar Commercial General Liability policy listing Henderson County, its officers, employees and volunteers, as additional insured. (Confirm that the wording on the insurance certificate matches the bolded statement exactly).

PAYMENT INFORMATION – A ONE-TIME \$100 APPLICATION FEE WILL BE ASSESSED FOR NEW VENDORS

The user hereby agrees to indemnify and hold harmless Henderson County, their officers, agents, all employees, and volunteers from any and all claims for bodily injury, and personal injury, and/or property damage, including cost of investigation, all expenses of litigation, including reasonable attorney fees, and the cost of appeals arising out of any claims or suits which result from errors, omissions, or negligent acts of the user, his agents or employees. Group is responsible for abiding by all HC policies, rules and regulations.

Payment Method: Check Visa MasterCard

Credit Card Number: Expiration Date:

Applicant Signature: Date: