

Date of Payment to Health Department: _____ (Payment to Health Department for permit must be made 7-10 days BEFORE scheduled event!)	Office Use Only!	Date of Event: (Fri.) _____ Date of Event: (Sat.) _____
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Farmers Market

Food Truck Vendor Application



Name: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Description of all products to be sold:

Valid Texas State Sales Tax ID No. _____

Name and address of Central Preparation Facility: Name: _____

Address: _____

I would like to reserve a **Food Truck Space** for:

Friday - Date(s): _____

Saturday - Date(s): _____

*** For your convenience, email your Farmers Market Food Truck Vendor completed application to dshultz@palestine-tx.org. Call 903.731.8437 for more information about the event. For more information concerning food permits, call 903.731.8495.**

Application Agreement: Only items listed on the application will be allowed. Vendors will supply all materials for set up, display and / or demonstration. Space allotted is at the discretion of the City of Palestine. **No pets allowed on the property or in vehicles please.** **Reservations must be used on day space is reserved for. No trading dates with another vendor.** Vendor parking will be available. The City of Palestine will **NOT** be responsible for any losses in sales or inventory due to weather or other incident. Events held at the Farmers Market are rain or shine events. The City of Palestine reserves the right to deny participation to any vendor who displays inappropriate items for this event.

I have read, understand, and agree to all terms in the Palestine Farmers Market Food Truck Vendor Application:

Signature of Food Truck Vendor